PROVISIONING OF SUPPORT TO SCHOOL-GOING TEENAGERS PLACED IN FOSTER-CARE IN MPUMALANGA PROVINCE: A MULTIDIMENSIONAL WELLNESS PERSPECTIVE

By

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DECLARATION

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I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.

Signature:  Date: 12 November 2020

DEDICATION

I dedicate this thesis:

To my mother, Mrs. T.L Fakudze, who taught me to always trust in God and believe in myself. Thank you for inspiring and loving me unconditionally. You have always placed importance and emphasis on education and for this, I am forever grateful.

To my family, my siblings, cousins, nieces, and nephews: thanks for your constant support, encouragement and love throughout my academic journey.

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ABSTRACT

The increase in orphaned and vulnerable children has led to the need for foster-care. In these settings, there are children from diverse backgrounds and diverse life experiences and circumstances. Foster-care aims at providing an appropriate family-like setting in which to care for young people who, for various reasons, cannot live with their own families or who live with their families but in an environment which is not homely. The focus in this study is on school-going teenagers in foster-care. This study explores the ways in which such teenagers are supported and how their needs can be known and met. Foster-care is provided to school-going children with ages ranging 07 to 17. This study focused only on teenagers since they are at a crucial stage of growth. Most of these children in foster-care are orphaned and vulnerable are taken care of by foster-carers. However, the foster-carers lack training in supporting the teenagers holistically.

The constructivist – interpretive paradigm was used in this study to understand the foster care phenomenon in context and explore the views of foster carers to teenagers' total wellness. A concurrent mixed-methods approach was used to gather data that is, using the qualitative approach through the interviews, observation, and document analysis. Quantitative data was generated through a questionnaire. The sample consisted of three coordinators, thirty teenagers and thirty foster carers. Purposive sampling was used for the teenagers and the coordinators while stratified random sampling was also used to group the teenagers into strata and non-probability sampling was used for the foster-carers. Semi-structured interviews were conducted with the coordinators and teenagers. Non-participant observation as well as document analysis were also used in the study. A questionnaire was given to the foster-carers. In analyzing the data, the interviews were coded to determine emerging themes. Relationships between the themes were identified. The data from the documents analyzed was categorized according to themes. Questionnaire responses were entered into the Statistical Package for Social Sciences (SPSS) and analyzed using this software with the support of a statistician.

The findings of the study revealed that foster-carers are providing support to the teenagers and the teenagers are happy with the way their needs are being met which is made possible through collaboration with different stakeholders. However, there are some areas of support where foster-carers are experiencing challenges and need assistance to improve the support they offer the teenagers. Therefore, holistically improving support for foster-carers calls for a multidimensional

approach. This means that society is responsible for the moral character it creates, and everyone in a community should be responsible for helping to train a child irrespective of who the parents are, offering correction where it is needed. This means that caregivers cannot carry out their task on their own: they need input and support from other stakeholders involved in the life of the child. The demographic information of participants indicated a limitation as all the coordinators were women. If men had been included, different information may have been obtained. As a recommendation from this study, there is a need to recruit more men as coordinators for the sake of the male children in foster-care. Moreover, in future, a study should be carried out on how to prepare the teenagers for life after foster-care using the multidimensional wellness framework. The development and implementation of a training programme for foster-carers could also be explored.

Keywords: drop-in centre, foster-care, inclusive education, multidimensional wellness, provisioning of support, vulnerable child, wellness.

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ACRONYMS AND ABBREVIATIONS

AIDs	Acquired Immune Deficiency Syndrome
CDG	Care Dependency Grant
CSG	Child Support Grant
DBE	Department of Basic Education
DCP	Designated Child Protection
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
DSW	Department of Social Welfare
FCG	Foster-Care Grant
HCBC	Home Community-Based Program
HSD	Head of Social Development
IRIN	IRIN NEWS
NGO	Non-Governmental Organisation
NMS	National Minimum Standards
NPO	Non-profit organisation
OT	Occupational Therapist
OVC	Orphans and Vulnerable Children
OVCY	Orphans and vulnerable children and youth
PEP	Personal Education Plan
SA	South Africa
SASSA	South African Social Security Agency
SBST	School Based Support Team
SD	Standard Deviation
SEN	Special Education Needs
SIAS	Policy on Screening, Identification, Assessment and Support
SPSS	Statistical Package for Social Sciences
UK	United Kingdom
UN	United Nations

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
US	United States of America
WHO	World Health Organization

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

The concept foster-care has been defined in various ways. According to O'Higgins (2015), foster-care is defined as a placement in which children live in a family other than their own. In formal kinship care, children live with a relative in a formal arrangement organised by a local authority. Child Welfare Gateway (2016) perceived foster-care as a form of social protection for orphaned, abandoned and maltreated children outside the birth family that provides placement and care in a foster family or in equivalent community-based settings but foster-care is also typically clarified as care provided in the carers' home, on a temporary or permanent basis, through the mediation of a recognised authority, by specific carers, who may be relatives or not, to a child who may or may not be officially resident with the foster-carers (Colton & Williams, 1997). Most children do have homes but, for some, the environment at home is just not conducive to their wellbeing for various reasons. Then, these children are kept in one place they call home and are raised by a foster-mother/parent who tries to play the role of being a mother to the children in her care who may range from babies to teenagers. The researcher defines foster-care as a situation where caregivers take care of children away from their homes and biological parents.

The United Nations (UN) Convention on the Rights of Children, Article 23 (UN, 2010), states that children and young people should be provided with foster-care services that take their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture, or ethnicity, religion, and sexual identity into consideration. This indicates that diversity has to be valued and practised in foster-care. It must be stated that not anyone can be a foster-mother/parent/carer but, according to Section 36(1)(d) of the Children's Act (Republic of South Africa [RSA], 2005), the carer must participate in a comprehensive assessment of her ability to care for the child or young person and be formally approved by the Health Board. In the absence of the Health Board, the relevant stakeholders must ensure the placements. Kools (1997) argued that foster-care placement is most often precipitated by stressful family circumstances that endanger a child or where the biological parent(s) are unable or unavailable to care adequately for the child. These circumstances include child abuse and neglect, parental substance abuse and

family homelessness. In addition, some children are placed in foster-care because of other forms of parental dysfunction, namely, parental death, or because the child's mental health service needs that the biological family cannot afford. It is for these reasons that foster-care institutions should be structured along inclusive principles of social cohesion and humanity.

The children that are kept in foster-care are normal human beings just like the children whose parents take care of and provide for them. Being affected by life circumstances does not mean that the needs of the person's life in general must be overlooked. Just like all children, these children have a right to live life to the fullest. During the teenage stage, many changes take place in the lives of the teenagers: some drop out of school; some fall pregnant; some start using drugs and alcohol; and some have serious behavioural problems. If not guided well at this time, teenagers can ruin their future lives because of peer pressure but with proper support and guidance, teenagers can get back on track. Teenagers who are in foster-care are there because of some of the reasons highlighted above or life experiences. To them, this is supposed to be their second home since the original one has failed them. When the teenagers are placed in foster-care, they are teenagers just like all other teenagers and there is no reason why they should be stigmatised or excluded in certain learning programmes because of their foster-care status. They have needs just like any other teenager and they need to be supported within the centre and in schools they are placed at during the school day, in any country. Foster-care of teenagers is difficult they are diverse, and their needs, backgrounds and intellectual capabilities are also diverse.

Dutschke (2007) posited that children in South Africa make up 44.2% of the population and the extent of child poverty has been described as alarming. These children are poor because they are orphans and vulnerable (OVC). Although the cause of parental death may not be known, it is possible that these deaths could be related to the HIV/AIDS epidemic. As stated by UNICEF (2015), South Africa has the largest number of HIV-infected people in the world, with approximately 3.7 million children orphaned due to AIDS-related deaths. Statistics South Africa (2018) concurred with UNICEF that the number of deaths in South Africa attributable to AIDS in 2017 was 25.03% of all South African deaths. Children who do not know their fathers are also considered orphans as there is a possibility that their fathers could be deceased (UNICEF, 2015). Pharoah (2004) claimed that children's vulnerability in the context of HIV/AIDS could be a result of a reduction of resources that are available to them coupled with the weakening of the institution

on which they depend: the family. In instances where they become orphaned, they often experience "life transitions and hardship" (Zhang, Li, Kaljee, Fang, Lin, Zhao, Zhao & Yong, 2009:50). The rise in the number of orphans in communities has led to the implementation of community care approaches, an assumption that communities have families, or capable women, who are willing and able to provide care to these orphans, but this cannot be taken for granted (Haeber, 1998). This is the reason many countries worldwide are grappling with the challenge of foster-care inclusivity in their diverse communities.

1.2 HISTORICAL BACKGROUND OF FOSTER-CARE

According to Makhiwane, Nduna and Khalema (2016), kinship care has an Afrocentric history. However, Harden (2013) stated that kinship care is just gaining recognition in the child protection system as an alternative care option for children without parental care. This is unlike the legal position in the United Kingdom, United States of America (USA), and other Western countries where kinship care began to be formally regulated and used in child welfare policies and practices over two decades ago (Assima, 2013).

It has been observed that while a considerable knowledge has been generated on family and community-based care in Africa, little is known about residential care institutions as a child protection and care model in African countries (Hermenau, Hecker, Ruf, Schauer, Elbert & Schauer, 2011). Yet, for over two decades now, the rhetoric of 'Africa's AIDS orphan crises has indirectly contributed to perpetuating the idea that on the African continent, institutions are the ideal solution for children deprived of parental care (Cheney, Kristen & Ucembe, 2019). This idea has been anchored by and is evident in the extensive financial and logistical support, and volunteer or voluntary labour that 'orphanages' in numerous African countries have continued to receive from individuals, associations, corporates, secular and religious charity organisations locally and, more significantly, from the global North. This has contributed to the proliferation of residential childcare institutions on the continent (Cheney & Ucembe, 2019). Nonetheless, numerous national governments both in the global North and South – but more so in the former – have embarked on de-institutionalisation, understood as a long-haul process through which the national child protection systems are comprehensively reformed, and institutions are replaced by a range of suitable alternative care services that prioritise prevention and are focused on family-based

upbringing of children (Better Care Network, 2017). From what has been said above, in Africa, foster-care is still being improved with no one specific form of foster-care singled out as the best.

In traditional African communities, the lack of parental care was not as prevalent as it is currently, partly because of the collective nature of those societies who believed that a child belonged to the entire community as opposed to a particular family. Community ties have weakened over time leading to an increase in social problems because of socioeconomic challenges most experienced by the African population (Chirwa, 2016).

From what has been discussed above, children have different life circumstances and experiences that compel them to be placed in foster-care homes not just abroad but also in South Africa where inclusivity of practice is envisaged as the norm.

1.2.1 Status of Foster-Care in South Africa

There are three types of alternative care identified in the South African Children's Act 38 of 2005, namely, foster-care, child-and-youth centres, and temporary safe shelters. Foster-care has become the preferred form of alternative care as opposed to other types of care. In South Africa, approximately one in five children are in the care of grandparents and of other kin (Shung-King, Lake, Sanders & Hendricks, 2019). There has been a rise in the number of children in South Africa who need alternative care which has placed pressure on the alternative care system (Fourié, 2017). The Department of Social Development (DSD) (2017) estimated that 457 154 children in South Africa were in foster-care in 2017. In 2019, it was estimated that 386 019 children were in foster-care, with KwaZulu-Natal having the second highest number of children in foster-care at 75 177 (Shung-King et al., 2019). Although foster-care may be one of the most relied-upon forms of alternative care in South Africa (Breen, 2015), in a policy brief of the Johannesburg Child Welfare, it is argued that foster-care placement has been the subject of much debate and controversy.

Within the South African context, foster-care is provided in various ways as the Child Care Act 74 of 1983 makes provisions for the following forms of care as described by Mahery, Jamieson and Scott (2011). What is worrisome, however, is that inclusivity is not guaranteed since there seem to be no guiding policies on this matter.

1.2.1.1 Foster-care

The UN (2010:11) defined foster-care as "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care".

A child is in foster-care when the child has been placed in the care of a person other than a parent or guardian. Foster-care is supposed to recreate the family and only six children can be placed with one family. This placement is done through a court order or through a decision to transfer a child who is in alternative care in terms of Section 171 of the Child Care Act (RSA, 1983). The UN (2010) and the Irish Foster-Care Association (2013) referred to this as long-term foster-care for an extended period, often until adulthood, for children who cannot return to their own families, but for whom adoption is not appropriate. Having only six children placed in one family ensures that the needs of the children are met, and the children get all the support they need. The support is assumed to be holistic. Many children in long-term care become so much a part of their foster family that they continue to live with them until their independence, as the children of the birth family would normally do. However, children may still move back to their birth family from a long-term placement.

It is not regarded as a foster-care placement when a child is placed in temporary safe care. Short or medium-term foster-care may be an option for a few weeks or months while efforts are made to reunite the child with his or her family.

1.2.1.2 Place of safety

A place of safety, which is defined in the Child Care Act (RSA, 1983), is "any place established under Section 28 [of the Child Care Act] and includes any place suitable for the reception of a child, into which the owner, occupier or person in charge thereof is willing to receive a child". Since this type of childcare does not allow more than two children to be placed and supported together, the researcher has not included it in this research study.

1.2.1.3 Shelter

A shelter is defined in the Children's Act 38 of 2005, Section 191, as a facility for the provisioning of residential care to more than six children outside the child's home environment.

1.2.1.4 Children's home

A children's home is defined in the Children's Act (RSA 1983:6) as "any residence or home maintained for the reception, protection, care and bringing up of more than six children apart from their parents but does not include any school of industries or reform school". Not all children's homes are run by the state. Children's homes that are maintained and controlled by, for example, the church, welfare organisations or the private sector must be registered in terms of Section 30 of the Child Care Act, and they have an obligation to meet and support the children under their care holistically, ensuring that none of their rights are violated.

1.2.1.5 Secure facility

Treatment or specialised foster-care for, for example, juvenile offenders or children with serious behavioural difficulties or mental health problems. The Irish Foster-Care Association (2013:04) described this as special foster-care which is a provision for children and young people whose behaviour is such that it poses a real and substantial risk to their health, safety, development, or welfare. Special foster-care is provided by carers who are specifically trained and skilled to care for children with high-level needs. DSD (2010) defined a secure care as a residential facility and/or programme of intervention which ensures the appropriate physical, behavioural, and emotional containment of young people who are charged with crimes and who are awaiting trial or have been sentenced. Such a facility provides an environment, milieu, and programme conducive to the care, safety, and healthy development of each young person while at the same time ensuring the protection of communities. The special foster-care is particularly important and is inclusive in its nature as it supports children with special needs. However, these types of foster-care make the researcher wonder if it is feasible to have such services as mentioned here provided in the drop-in centres (Section 1.2.1.11) because the children/teenagers need these services.

1.2.1.6 Temporary safe care

This entails caring for a child "in an approved child-and-youth care centre, shelter or private home or any place where the child can be safely accommodated" (Mahery et al., 2011:11) while waiting for a final placement order from a Children's Court. According to norms and standards for child-and-youth care centres (Mahery et al., 2011), every centre must provide temporary safe care to children if appropriate standards and measures are in place and if the centre allows for it. This must be for the shortest period possible. Due to the backlog of the court orders to finalise foster-care, many children are displaced within the system (DSD, 2017) and may be placed in temporary safe care until these cases are finalised. The UN (2010) defined this as short-break foster-care where children are cared for short periods while parents are in hospital or to give parents a break from caring responsibilities. Placements are planned and children can form relationships with their carers. The Irish Foster-Care Association (2013) defined this as short-term foster-care which provides temporary care for children separated from their birth family. The child may, after a period, move back to their family or move on to a long-term foster family.

1.2.1.7 Emergency care

Emergency foster-care for the unplanned placement of a child for a few days or weeks while longer-term placements are sought (UN, 2010). According to the Irish Foster-Care Association (2013), emergency care is where a child comes into care very quickly and is placed with foster or 'emergency' carers. It could also happen that an existing placement breaks down and a child needs to be moved quickly and is placed with emergency carers.

1.2.1.8 Parent and baby fostering

Parent and baby fostering where parents, usually young mothers, are fostered alongside their babies to help them in their parenting. This is used with groups such as teenaged mothers and those caring for children with disabilities. The researcher believes that this type of foster-care is a necessity for teenagers, often get pregnant and need a place to raise their children and also be guided as they parent their children.

1.2.1.9 Respite care

Respite care is defined in the National Standards for Foster-Care as "short-term care provided to a child in order to support the child, his or her parent(s) or foster-carers by providing a break for the child and his or her primary caregivers". Respite can play an invaluable role in preventing placement breakdown. Respite care is not a 'right' for the foster-carer and must form part of the child's care plan.

1.2.1.10 Day foster-care

According to the Irish Foster-Care Association (2013), day foster-care is a form of support for parents which endeavours, where it is assessed as safe to do so, to maintain children at home with their birth parents through the provision of alternative care during the day. The children are not separated from their family, as they go home each evening, yet benefit from the additional care offered in the foster-home. There is minimal disruption to family life, while the parents can obtain practical help, advice, and support from the foster-carers. The day foster-care is like the drop-in centre in that both keep the child with the family but also benefit from the services rendered in the drop-in centre during the day.

1.2.1.11 Drop-in centre

A Drop-in centre, according to the Children's Act 38 of 2005, Section 213, and the Child Care Act (RSA, 1983, Section 214) is a facility providing basic services aimed at meeting the emotional, physical, and social development needs of vulnerable children. The basic services are provision of food, school attendance support and assistance with personal hygiene or laundry services. It is important to note that this type of care centre is the focus of the current study (See Chapter 3).

The aim of the study was to find out how the inclusive needs of teenagers placed in the drop-in centre are known and met. It has been observed that these facilities have many children under their care with each foster-carer responsible and accountable for about 20 children. One therefore wonders how these carers manage the situation since these children are from diverse backgrounds and have diverse needs which must be inclusively catered for. The biggest advantage of drop-in centres, according to Mahlase (2008), is that they develop the capacity of local people to look after vulnerable children in environments that are inclusive, friendly and promote self-reliance. Life is

about not only food, shelter and education but is also to ensure that the teenager grows up to fit and be part of the society with acceptable moral values. Although different life circumstances have forced or pushed them into the foster-care, they must, like all children, be supported in every way possible to save them from being stigmatised and victimised as foster-children. This does not mean that the services offered by the foster-care are not appreciated but the foster-carer is encouraged to go the extra mile to ensure that the teenagers are well and they grow up to be good citizens. This means that foster-carers have a huge role to play in the lives of the children. In addition, the guidelines for running foster-care facility should put the interest of the children first.

1.2.2 Contextualising the Meaning of Foster-Care

According to Holland and Gorey (2004:108), "foster-care is one of the central intervention strategies of contemporary child welfare practice". This view is the same as that of Manlove (2011) who argues that foster-care is a service to a child who is removed from one's family for a number of troubling reasons, including parental abuse or neglect. Coupled with these views, Van Bergeijk and McGowan (1991) pointed out that the term foster-care is commonly used to describe both family-based (relative and non-relative) and community care settings. Hence, foster-care is perceived as the full-time out-of-home care provided to children in need of temporary or long-term substitute parenting because their own families are unable or unwilling to care for them (Section 1.1). These clarifications concur with the California Department of Social Services (2017), the Irish Foster-Care Association (2013) and the UN (2010) on the purpose of foster-care which is to keep children safe while child welfare services are provided so that they can be reunited with their families either on a short- or long-term basis.

From the above definitions, it can also be argued that foster-care means that children are raised by other people and not their biological parents for several reasons (See Section 1.1). Foster-care then becomes the children's or teenagers' home away from home. Foster-care is intended to be a safe place for children who have diverse challenges at home. Of note is that challenges make it difficult for the children to remain with their biological parents. Needless to say, there is a need for foster-care so that life predicaments do not become a barrier to these children's future.

The above categorisation of foster-care services adds value to this research because it covers all types of foster-care. Although these foster-cares differ, they provide services that have the interest

of the child at heart. These types of foster-care meet the child at their point of need, for instance, the emergency care. There are life circumstances that can demand that the child be moved from one placement to another as a matter of life and death. While some of the foster-care keep children with their families, some take the children away from their families and all is done in the interest of the child. One difference is that UN has a parent and baby fostering provision which the South African Children's Act (2005) does not have. The UN includes respite care which the two other bodies (the Irish Foster-Care Association and the DSD) do not have, yet it is also a necessity because there is a need to relieve foster-carers even though this is not a right for them.

Although these types of foster-care have different names, most of them are similar in their description and function. For instance, temporary safe care, short-term foster-care, short-break and short medium break all keep the child for a short time. Again, there is the special foster-care and treatment foster-care. These are also necessary because of the diversity of the needs of the children which must be met. It is true that some children need to be cared for by skilled foster-parents unlike the other children because of their medical or health conditions. The researcher believes that the types of foster-care must be inclusive to embrace the diverse needs of children who need to be taken care of.

Section 1.2.2 above has defined foster-care and highlighted the different types of foster-care facilities that provide services to vulnerable children. Since the study aims at provisioning of support to school-going teenagers placed in foster-care, inclusivity cannot be disregarded in that the needs of the teenagers are diverse and all of them must be known and met and inclusivity is the mechanism for attaining that. It is for these reasons that the next section is about inclusive education and foster-care.

1.3 INCLUSIVE EDUCATION AND FOSTER-CARE

The Department of Education (DoE 2001:6-7) stipulated that inclusive education acknowledges that all children and youth can learn but that they need support. Similarly, the Education White Paper 6 (EWP6) (DoE, 2001) further stated that inclusive education has the potential to change attitudes, behaviour, teaching methodologies, curricula, and the environment to meet the needs of all learners. Linking inclusive education and special education, UNESCO (2014) stated that special education needs go beyond physical disability. UNESCO went on to say that it also refers to the

large number of children of school age that fall into categories such as child labour, street children, victims of natural catastrophes and social conflicts, and those in extreme social and economic deprivation. From what is argued by UNESCO (2014), it is evident that inclusivity is a must in the lives of the teenagers placed in foster-care. UNESCO (2009) reiterated that inclusive education is a process of strengthening the capacity of the educational system to benefit all learners and should guide all education policies and practices, based on the premise that education is a basic right and the foundation for a more just and equal society. These teenagers in foster-care have many needs which must be addressed if their education is to be effective.

A study by Shin (2003) suggested four factors that affect children in foster-care's academic performance, namely, aspiration for higher education; the placement setting (with youth in kinship care faring better academically); participation in extracurricular activities; and drug use. It is also noted that the educational difficulties of children and youth in care are strongly associated with the fact that they move from placement to placement and often change schools (Yu, Day & Williams, 2002). Moreover, children in foster-care can struggle with repercussions of previous challenges in their home environment (e.g., physical abuse, neglect), and some have also faced challenges in other arenas which make children in foster-care a more vulnerable population than children in the general population (Cooley, Thompson & Newell 2018).

Lusard and Mitchell (2009:11) presented four key elements that have tended to feature strongly in the different definitions of inclusive education, namely that:

- Inclusion is a process, seen as a never-ending search to find better ways of responding to diversity. It is about learning how to live *with* difference and *from* difference. In this, way differences come to be seen more positively as a stimulus for fostering learning amongst children and adults.
- Inclusion is concerned with the identification and removal of barriers, and consequently involves collecting, collating, and evaluating information from a wide variety of sources in order to plan for improvements in policy and practice. It is about using evidence of various kinds to stimulate creativity and problem solving.
- Inclusion involves a particular emphasis on those groups of learners who may be at risk of marginalisation, exclusion, or underachievement. This indicates the moral responsibility to ensure that those groups that are statistically at risk are carefully monitored, and that, where

necessary, steps are taken to ensure their presence, participation, and achievement within the education system.

- Inclusion is about the presence, participation, and achievement of all students. Here, presence is concerned with where children are educated and how reliably and punctually, they attend. Participation relates to the quality of their experiences while they are there and, therefore, must incorporate the views of the learners themselves and achievement is about the outcomes of learning across the curriculum, not merely test or examination results.

From what has been mentioned above, the researcher believes that inclusive education advocates for the removal of barriers to learning through acknowledging and embracing diversity and adopting the ecological approach gives learners different forms of support they might need beyond the school. The children's reasons for being at a foster-care are diverse: some have been abused, and some have been abandoned while some are orphans. According to Coman and Devaney (2011), these children are more likely to perform poorly in school due to the painful experiences encountered, and such experiences increase mental and health challenges. The researcher is therefore, convinced that there is a need for relevant professionals to accommodate the diverse needs of all children in foster-care and there must be collaboration with all the relevant personnel to support the children so that they grow up as part of the society. Casey (2001) stated that children and youth in foster-care face significant barriers to positive educational experiences and academic achievement. Most children who enter foster-care have been exposed to many conditions that have undermined their chances for healthy development (Bass, Shields & Behrman, 2004). It is for these reasons that foster-carers have to strive towards being efficient parents to these teenagers and there is need for them to be inclusive as they handle these children daily. These children should not feel stigmatised or segregated just by being placed in the foster-care since a foster-care is assumed to be a place of reintegration where the children are nurtured to fit in the society. Support is even more necessary for children in foster-care who often come from environment where they have been exposed to violence, negligence, lack of parental guidance and abuse (DSD, 2009). Violence on its own can be a barrier to their education. However, it must be mentioned here that educators do not have a challenge with teaching learners who are placed in foster-care, but these learners have challenges outside school that may affect their academic performance. Foster-carers cannot meet all the needs that learners have which is why collaboration with all the relevant stakeholders in education and society in general is necessary.

Bronfenbrenner (1979) advocated the eco-systemic approach to support learners. He stated that there is interrelatedness in these systems. This therefore means that a challenge that a learner has outside school, for example, neglect, will have a bearing on the academic performance of this learner. The death of parents and important family members because of HIV/AIDS-related illnesses negatively impacts children's willingness and ability to attend school (Moletsane, 2003). This explains why most poverty-stricken children, and those personally affected by HIV/AIDS, drop out of school (Moletsane, 2003). Moletsane added that in instances where they are taken care of by elderly surrogate parents; they are often kept out of school, because schools are viewed as irrelevant. In other instances, financial pressure becomes so unbearable that those taking care of the orphaned children decide to remove them from school entirely. Although education is a right to children placed in foster-care; they must be educated in order to be equipped for their future. It can only be through collaboration with all the relevant stakeholders that children placed in foster-care can excel academically; however, educators alone cannot achieve that mainly because children living in foster-care belong to a vulnerable child population that is affected by a wide range of acute and chronic psychological, mental, and even physical health conditions requiring multidisciplinary care services.

1.3.1 Importance of a Conducive Family Structure for Children in Foster-Care

Providing a conducive family structure for children who do not have one is particularly important, the main reason being that these children, although they are placed in foster-care, need to be prepared to become responsible citizens of the country. This is a known fact: children learn best by seeing; that means for children to learn, parents must lead by example, more than preaching it. Culturally, it is known that children learn values at home from a young age, as the family is the child's first social class where he or she learns social skills. In Siswati for instance, there is *liguma* and *intsanga,* and this is where boys and girls are taught good values by elder men and women within the family. Moreover, the child understands security from the family because it is the family that tends to all his or her basic needs such as food, clothing and shelter. Apart from taking care of these basic survival needs of a child, a family provides a child with emotional security that he may not find anywhere else. The family has a role to provide a conducive and secure environment to make sure that the child can abide by what he or she has been taught. From the views espoused above, it is obvious that the children in foster-care do need a conducive family structure despite

their life predicament. Therefore, the children's life circumstances do not mean that they do not have a future, they do so, and the foster-care must find means of providing a homely environment for these children away from their families. This is a reason that things should not be done haphazardly in the foster-care, but the personnel involved should always keep it in mind that they are raising the future generation of this country.

As children grow up, they may display negative behaviours because of problems back home. As children grow up, they have expectations from their parents and failure of parents to meet those needs leads to negative behaviours. Sandstorm (2013) agreed that family instability is linked to problem behaviours and poor academic outcomes, even at an early age. Moreover, children's problem behaviours increase with multiple changes in family structures. As a teacher, the researcher can attest to this. The problems children face at home manifest in the classroom. However, a foster-care with the relevant knowledge and support re-shapes the behaviour of the child. Children easily adapt unlike adults, so, once the child has the foster-care as his home, the child notices the difference between home and foster-care and the behaviour of the child improves. Sandstorm (2013) further argued that children demonstrate more negative behaviours when they lack the emotional and material support at home that they need. Since foster-care is their home now, the foster-carers must support these children holistically for them to grow up balanced in life. To develop to their full potential, whether they are raised by their biological parents or foster-carers or guardians, children need safe and stable housing, adequate and nutritious food, access to medical care, secure relationships with adult caregivers, nurturing and responsive parenting, and high-quality learning opportunities at home, in childcare settings and in school. Children thrive in stable and nurturing environments where they have a routine and generally know what to expect in their daily lives. Although some change in children's lives is normal and anticipated, sudden, and dramatic disruptions can be extremely stressful and may affect children's feelings of security. Unbuffered stress, however, that escalates to extreme levels can be detrimental to children's mental health and cognitive functioning (Evans, Brooks-Gunn & Klebanov, 2011; Shonkoff & Garner, 2011). The fact that the child is underprivileged does not mean that his or her future is doomed. Some children are out of foster-care and independent now because foster-care was 'home away from home' for them. However, Williams, Cullen, and Barlow (2005) were of the view that carers need more information on how to teach the child about their condition and how to best manage it. Similarly, Barlow, Powell, and Gilchrist (2006) concurred that training and support programmes

are essential for carers as it is a fact that foster-carers need a lot of training to be capacitated to create a conducive family environment in the foster-care despite the shortage of resources at times (Section 2.5.2).

Foster-carers have a responsibility of supporting the children holistically so that they are not stressed because stress is not good for anyone, especially the children. It can be noted that stress in children result in poor academic performance, a lack of social competence and an inability to regulate emotions (Evans & Schamberg, 2009). Although being raised in persistently poor conditions has severely detrimental effects on children, children who fall into poverty during an economic recession may fare worse long-term than children whose family incomes stay above the poverty line (First Focus, 2009). In as much as children in foster-care may be orphans or vulnerable, the foster-carers must model good parenting to these children as a way of preparing them for their future out of foster-care.

Article 18 of the UNCRC (2010) supports this by stating that positive parenting is not permissive parenting: it sets the boundaries that children need to help them develop their potential to the fullest. Parents' behaviour is the most important factor in infants' sense of self and their psychological wellbeing. Positive parenting respects children's rights and raises children in a nonviolent environment. Contrarily, family disadvantages affect children, increasing the likelihood of disadvantage in adulthood which is true even for children in foster-care. The foster-carers thus need to be mindful of the manner with which they handle these children. Basically, all children in foster-care, just like any child raised by their biological parents, need a conducive family structure as they are being prepared to be the future generation of the country.

1.4 MOTIVATION FOR THE RESEARCH

The motivation for the researcher to embark on this study was both personal and professional. The interest arose out of my observation of a community project started by retired teachers and senior citizens, mostly females, in a community where I live. The local traditional structures donated a home and named it "Gogo Centre". The intention for the centre was to provide a homely setting for homeless and needy children found in the community with the purpose of offering support and raising them in a family setting. The orphans got meals and toiletries from the centre, then went home before it got dark. There were six older women who were expected to play a parental role

by creating a homely atmosphere for these children as well as attending to each child's individual needs (medical, social, spiritual, and educational). The children got their meals from the centre on their way to school in the morning and from school they got their supper. Initially there were about 20 of these children with their ages ranging between 7 and 15 years, both boys and girls. There were eight boys in all, one was 9 years old, four were between 10 and 12 years and four were between 13 and 15 years old. On the other hand, there were 12 girls in all; two were 8 and 9 years old respectively, six were between 10 and 12 years and four were between 13 and 15 years old. Of the 20 children, 12 were orphans, while five were vulnerable and three were victims of abuse. As a teacher, I was wondering how these elderly ladies supported these children and I realised that there were challenges they encountered. Although the initiative was good, it was inevitable that these carers faced innumerable challenges in optimally supporting and caring for all these children, more especially the teenagers. There was no funding at all, and they relied on donors to keep the centre running. In the absence of donors, the carers brought food from their homes to ensure these children had something to eat. These carers were committed, old as they were, in ensuring the wellbeing of these orphans although they were not even remunerated; however, their belief was: "God will reward us".

The policy on inclusive education (DoE, 2001) states that all children with diverse needs with varied disabilities must be provided with appropriate support to attain their maximum potential and become independent citizens, and this includes children placed in foster-care. Support is even more necessary for children in foster-care who often come from an environment where they have been exposed to violence, negligence, lack of parental guidance and abuse (DSD, 2009). Due to these painful experiences, these children are more likely to perform poorly in school, and experience increased mental and physical health challenges (Coman & Devaney, 2011). Moreover, these children may have the problem of being stigmatised at school because of their association with the foster-care and that can have a negative impact in their academic performance. Carers may have a negative perception of teenagers since the transition stage in life affects their behaviours either negatively or positively and that can make the carers feel overwhelmed by the idea of fostering these children with diverse needs. Worse still, potential future carers may also feel they are not adequately trained and or have knowledge of the available support and resources. This could lead to a negative result where carers may feel frustrated, helpless and angry or have a sense of failure. Care and support are critical for school-going children, more especially teenagers,

and those charged with that responsibility need to have knowledge and skills to carry out their duties. According to Botha, Booysens and Wouters (2017), an abused child for instance, may show regression of behaviour, and previously acquired skills may be lost. These regresses are a common problem seen in children that have been neglected. As stated by Handicap International Ethiopia (2011), these limitations may make children particularly defenseless in certain circumstances, including the incidence of neglect. Thus, it is important that caregivers know how to respond and provide adequate support to children with diverse needs as supported by the views espoused in the discussion above.

The carer's role is also to convey a strong sense of being physically and emotionally available to meet the child's needs whether they are together or apart (keeping the child in mind). The carers must help the child in establishing an appropriate sense of connectedness and belonging (Coetzee, 2016). Carers may feel isolated and need support and understanding from other carers facing similar challenges (Mhaule & Ntswane-Lebang, 2009). Coetzee (2016) mentioned how carers may feel a sense of companionship with their children, which adds meaning to their lives. Geiger's (2012) study showed how engaging with practical and context-relevant training can empower carers to provide better support and skill development to children with diverse needs or diverse disabilities, as well as gain more personal enjoyment form the process. As discussed above, including the researcher's personal and professional narrative which motivated her to undertake this research, carers are often not equipped with sufficient training, knowledge, and skills to ensure appropriate identification of problems and assessment of children in foster-care; for example, they are under-prepared for the challenges associated with caring for a child or youth with special needs which may result in under-reporting, inappropriate placement decisions and inadequate provision of services for children in foster-care. The researcher believes that lessons can be learned from the "Gogo Centre" because of lack of knowledge and skills by carers to support the children with appropriate care.. It was the wellbeing of the children in the foster-care in my community referred to as "Gogo Centre" and the inefficiencies of the carers due to lack of knowledge and skill for supporting children with diverse needs and the challenges that they faced that motivated the researcher to pursue this study to provide new knowledge pertaining to the issues raised here. It was for the reasons mentioned above that the researcher felt motivated to pursue this study so as to provide new knowledge pertaining to the issues raised. These are the gist of the discussion in Section 1.5.

1.5 RESEARCH PROBLEM

Support for children placed in foster-care is largely rendered by key professionals such as psychologists, social workers, therapists, and educators. According to DSD (2009), social workers work very closely with the foster-carers in meeting and supporting the needs of the children/teenagers in foster-care. On the other hand, the DoE (2001) stipulated that all children can learn if they are given the appropriate support and that leaves the onus on educators to be inclusive in their classrooms to meet the needs of all the learners in class. Moreover, the Children's Act guide for drop-in centre managers stated the use of a multidisciplinary approach in supporting and meeting the needs of children/teenagers in drop-in centres. These specialists hold case-sensitive information that is critical for the optimal care and support for these vulnerable young people. As discussed under Section 1.2.1.6 and Section 1.3.1, the children spend most of their time under the supervision and guidance of foster-carers in schools, homes, and foster-care centres. However, as already discussed under Section 1.3.1, when these children are placed in foster-care, foster-carers are given the responsibility of taking care of them using their motherly instincts without proper training for the task at hand. It must be noted that the foster-carers are ordinary members of the community who take the responsibility of caring for these children out of their love for them but often have no knowledge or skills about handling these children (Nuutila & Salantera, 2006). The researcher believes that training is imperative for the foster-carers so that they can support and meet the needs of children placed in foster-care. This is supported by Ainsworth and Hansen (2005) and Wood (2008) who argued that the increasingly complex needs of foster-children appear to be a challenge for foster-carers. This, the researcher believes, is because of the carer's lack of the necessary skills and knowledge of supporting the children under their care.

The researcher is concerned because carers are not provided with all the information to ensure holistic support and care for children under their care (Geiger, 2012). The fact that the carers are from the communities, they know the families of the children find it difficult to disclose some information to them. For instance, information about a child from an abusive family background will not be disclosed to the carer because of ethical considerations, yet that influences how the carer responds to the impact of abuse. Carers are at times left out of decision-making on issues pertaining to these children. Consultation with and involvement of carers are critical success

factors in inclusive education particularly for vulnerable children who are orphaned or in child-headed households (DOE, 2009). The problem statement of this study highlights the deficit in the training of the carers who must support and meet the needs of children in foster-care and what the support should look like**.** The researcher believes that inadequate support and collaboration from the professionals for carers caring for children in foster-care settings and the non-disclosure of critical information create a barrier to optimal support and care and that ways of mitigating such should be sought.

Considering what has been discussed above, the researcher intended to investigate the real challenges encountered by children or teenagers in foster-care regarding the support they need. Worth mentioning here is the fact that the support given to these children or teenagers in foster-care must meet all the needs of the children holistically in every aspect of the children's lives as they are growing up. The fact that the children are vulnerable does not mean that their rights must be violated, and their needs ignored despite the life circumstances they find themselves in.

1.6 RESEARCH AIM AND RESEARCH OBJECTIVES

1.6.1 Aim of the Research

The aim of the study was to:

- Explore the ways in which teenagers in foster-care are supported and how their needs can be known and met.

1.6.2 Objectives of the Research

The objectives of the study were to:

- Determine any available support given to teenagers to meet their needs in foster-care.
- Investigate the impact of the support given in meeting the needs of teenagers in foster-care.
- Establish the views of foster-carers about teenager's total wellness.
- Examine the current policies guiding the administration, management, and provisioning of foster-care.

1.7 SIGNIFICANCE OF THE STUDY

The main contribution of this study lies in empowering carers on how to support and meet the needs of children in foster-care holistically since carers are mostly women not trained in how to care for children or teenagers in foster-care facilities. It is therefore critical that carers understand their role as foster-carers and be able to assume their positions as equal partners with other stakeholders in caring for fostered children /teenagers.. The study also intended to create valuable knowledge on how to implement multidimensional wellness for children /teenagers who are placed in foster-care. The need for stakeholder collaboration, that is, the professionals, the community at large, social workers, educators, principals and school counsellors, the child protection unit under the police as well as health professionals (counsellors, educational psychologist, doctors and nurses) is critical and a platform for stakeholder engagement. All these stakeholders must collaborate for the wellbeing of the teenagers placed in foster-care in the process of engagement and learn new skills and support endeavours to be made available for foster-carers. The study also renders valuable guidelines to the personnel who are involved in the education and welfare of children in foster-care on how these children are to be supported and provisions must be made to accommodate their individual needs. The study also provides valuable guidelines to policy makers and foster-care institutions about a better understanding of inclusivity which will be provided with the emphasis on inclusive education which is not only about children with physical disabilities but also about child-headed families, vulnerable children, children from poor family backgrounds and children placed in foster-care. The study gives voice to foster-carers and the children under their care as they are a population that is often ignored. Needless to indicate, this study contributes new knowledge on inclusive education, foster-care support, and multidimensional wellness care for children/teenagers.

1.8 PARADIGM

According to Lincoln, Lynham, and Guba (2011) and Mertens (2010), a paradigm is defined as a basic set of beliefs that guide action while Morgan (2007) argued that a paradigm is an all-encompassing way of experiencing and thinking about the world, including beliefs about morals, values, and aesthetics. Krauss (2005:759) defined a paradigm as the “basic belief system or worldviews that guide the investigation”. From these clarifications of what research paradigm is,

the researcher states that a research paradigm is a worldview or philosophy that guides our thinking.

According to Gorard and Taylor (2004), different paradigms reflect different underlying ontologies – that is, different philosophical assumptions about how the facts and principles that constitute knowledge are established, and how that knowledge can be obtained. Furthermore, Guba and Lincoln (1994:108) pointed out that different paradigms also reflect different epistemologies – that is, different philosophical assumptions about the relationship between the "knower or would-be knower and what can be known". They further argued that the ontological assumptions about the nature of knowledge underlying a paradigm impact the role of the researcher in obtaining knowledge because the paradigm within which a researcher works influences the way the researcher will investigate the world. However, Mertens (2005) believed that it is important to situate research within a clearly explained research paradigm.

Different researchers use different paradigms for their studies and the choice of the paradigm is guided by the research questions. For this study, the constructivist-interpretive paradigm was used. The reason for choosing this paradigm was that it assumes that there are many possible realities, no group values are wrong, and understandings are constructed by the researcher and research participants. Likewise, Denzin and Lincoln (2013:26-27) argued that the inquirer's voice is that of the "passionate participant" and that the researcher is actively engaged in facilitating the "multi-voice" reconstruction of his or her own construction as well as of other participants. As a result, change is facilitated as reconstructions are formed and individuals are stimulated to act on them. Proponents of the constructivist paradigm as stated by McMillan and Schumacher (2014) propose that, instead of the single, independent reality proposed by the positivist paradigm, there are multiple, individual realities which people construct, both individually and collectively, by ascribing meanings to different aspects of their social environments. Mertens (2005) elaborated and argued that the methods used to access people's understandings of their social reality include observations and interviews, i.e., qualitative methods "designed to collect words". For this study, realities were constructed using the observation, interviews, document analysis and a questionnaire. This concurs with what is mentioned by Mertens about the methods used in understanding social reality.

Constructivist-interpretive paradigm is appropriate for this study because the researcher wanted to understand in context the views of foster-carers on teenagers' total wellness and produce the data as opposed to harvesting data from research participants. Furthermore, Creswell (2018) posited that, with this paradigm, the researcher seeks to establish the meaning of a phenomenon from the views of participants, and this means identifying a culture-sharing group and studying how it develops shared patterns of behaviour over time (i.e., ethnography). Furthermore, one of the key elements of collecting data in this way is to observe participants' behaviours during their engagement in activities.

One of the methods of data collection used in this study was observation. It was used by the researcher because the researcher wanted to observe all that happened in the foster-care from morning until the close of the day. By being in the foster-care for the whole day, the researcher observed the participants' behaviours during their engagement in activities of the foster-care. However, Mertens (2005) believed that there are multiple realities constructed by humans who experience the phenomenon of interest (i.e., reality is socially constructed). This requires an ongoing interaction between the researcher and the subject(s) so that, as Guba and Lincoln (1994:105) explained: "the findings are literally created as the investigation proceeds" which is what the researcher intended to achieve as she interviewed the teenagers and the foster-carers with the sole aim of determining the available support given to teenagers to meet their needs in foster-care. Crabtree and Miller (1999, cited in Baxter 2008) emphasised that one of the advantages of this approach, however, is the close collaboration between the researcher and the participants, while enabling participants to tell their stories. Lather (1992) and Robottom and Hart (1993) cited in Baxter and Jack (2008) further argued that through the stories the participants tell their views of reality, and this enables the researcher to better understand the participant's actions.

According to LeCompte and Schensul (1999) cited in McMillan and Schumacher (2014) the basic belief guiding positivism is that there is a single reality out there which is observable and understandable. They stated that positivists believe that the social world can be isolated and be studied in the same way that physical scientists treat physical phenomena. This is because, according to Johnson and Onwuegbuzie (2004), positivists aim to test a theory or describe an experience through observation and measurement to predict and control forces that surround us. On the other hand, Searl (2015) argued that the generalisability assumption tells us that the results

obtained from a research project conducted within the positivist paradigm in one context should be applicable to other situations by inductive inferences. This, therefore, means that the positivist researcher should be able to observe occurrences in the phenomenon they have studied and be able to generalise about what can be expected in other situations. Likewise, Mertens (2005) argued that the fundamental assumption of this philosophy is that a scientific method is the best method to uncover the processes by which both physical and human events occur.

The strengths of the positivist approach according to Guba and Lincoln (1994) lie in the methods traditionally associated with it: the controlled experimental designs which allow relationships of cause-and-effect to be investigated; the objectivity that comes from the detached position of the researcher from the phenomena to be studied; and the statistical methods used for data analysis. The strictly controlled, manipulated experimental situations used in the positivist paradigm produce replicable results; these results can then be taken as laws, which explain phenomena. However, as Cohen, Manion and Morrison (2000) argued, behaviours of humans cannot be controlled and manipulated in ways required by the experimental designs associated with the positivist paradigm. Instead of the positivist view of human beings as people whose behaviour responds to environmental factors in a cause-and-effect way. McMillan and Schumacher (2014) argued that many researchers believed that individuals construct their own view of reality. According to the researcher, paradigms are an integral part of any research because of their nature of being a worldview that guides investigation, paradigms have to do with our way of thinking. With the different paradigms come the different ontologies and different assumptions and different epistemologies. All these guides the researcher in pursuit of knowledge. While the constructivists say there is no single reality or truth, there is multiple realities which need to be interpreted, the positivists say there is a single reality which can be measured and known. The constructivist approach was appropriate for this study as it helped to answer the research questions as the researcher uses multiple methods of data collection.

1.9 RESEARCH APPROACH

To address the research question of the study, the researcher used the concurrent mixed method approach. Creswell (2012) defined the convergent (or parallel or concurrent) mixed methods as a design that collects both quantitative and qualitative data in one phase. The data are analysed separately and then compared and/or combined. For example, a researcher collects data through a

survey and an interview at the same time and then analyses each separately. Moreover, Creswell and Plano Clark (2011) further stated that researchers collect and analyse both qualitative and quantitative data simultaneously and in a rigorous manner which integrates the two forms of data. The way in which this data is combined will depend upon the nature of the inquiry and the philosophical outlook of the person conducting the research. The concurrent mixed-methods approach involves the collection of both qualitative (open-ended) and quantitative (closed-ended) data in response to research question or hypotheses. Creswell (2012) further stated that it is a useful strategy to have a more complete understanding of research problems and questions, through comparing different perspectives drawn from quantitative and qualitative data. Supporting Creswell's view, Teddlie and Tashakkori (2009) pointed out that the mixed-methods research approach combines quantitative and qualitative strategies within one study, collects both numeric (numbers) data and narrative (words) data concurrently, or in sequence, and chooses variables and units of analysis which are most appropriate for addressing the purpose of the study and finding answers to the research questions.

The researcher found the concurrent mixed approach a relevant vehicle to explore ways in which teenagers in foster-care are supported and how their needs can be known and met. The approach will help the researcher to provide more comprehensive evidence for studying the research problem and by comparing the qualitative and quantitative data, the researcher will be able to produce well validated conclusions. As stated here, qualitative, and quantitative methods complement each other when used in combination within the mixed-methods research approach because of that, the mixed-methods research will help the researcher to expand the breadth and range of the investigation by using different methods for different inquiry components. The researcher was also guided by open-ended and non-directional research questions which are compatible with respect to the transformative-pragmatic paradigm. Furthermore, Onwuegbuzie and Leech (2006) described compatible mixed-methods research questions as open-ended and non-directional in nature, which both seek to discover, explore, or describe participants, settings, contexts, locations, events, incidents, activities, experiences, processes, and/or documents. Through this approach, the researcher can understand the contradictions between the findings of the qualitative and quantitative data.

The researcher decided to use a mixed-methods approach in the study so that the data collected from one approach could be triangulated with data collected by means of other tools, since using one research approach might not be sufficient to determine the available support given to teenagers to meet their needs in foster-care. The impact of the support given in meeting the needs of teenagers in foster-care as well as establishing the views of foster-carers to teenagers' total wellness might not be determined by using only one method of data collection. By using mixed methods, the researcher ensured that the voices of the participants were heard, and the findings of the study were grounded in the participants' experiences**.**

1.10 RESEARCH DESIGN AND METHODS

According to Mouton (2001) and Punch (2005), research design refers to the plan of the research project. Similarly, McMillan and Schumacher (2014) affirmed that research design describes procedures for conducting the study, including when, from whom, and under what conditions the data will be obtained. Moreover, Burton and Bartlett (2005) added that it is important before the research is undertaken to create guidelines that will give order and direction and assist in maintaining focus. Burton and Bartlett agreed with Punch (2005) that research design details all the issues involved in planning and executing the project, from identifying the problem through to reporting and publishing the results. The researcher can conclude that research design is basically planning before the research is carried out. Moreover, Burton and Bartlett (2005) added that it is important that before the research is undertaken, guidelines are created that will give order and direction and assist in maintaining focus.

This study focused on provisioning of support to school-going teenagers placed in foster-care in Mpumalanga province and the concurrent mixed-methods approach was used. With this approach, as Creswell (2018) argued, the researcher collects both qualitative and quantitative data, analyses it separately and then compares the results to see if the findings confirm or disconfirm each other. Creswell added that the key assumption of this approach is that both qualitative and quantitative data provide different types of information and together they yield results that should confirm the findings from one approach with the other approach. The researcher used qualitative data to establish the views of foster-carers to teenagers' total wellness as well as the impact of the support given in meeting the needs of teenagers in foster-care while quantitative data was used to establish the views of foster-carers regarding teenager's total wellness.

1.10.1 Population

McMillan and Schumacher (2014) defined population as a group of elements or cases, whether individuals, objects or events that conform to specific criteria and to which we intend to generalise the results of the research. Castillo (2009) stated that a research population is generally a well-defined collection of individuals or objects known to have similar characteristics while Best and Kahn (2006) stated that a population is a group of individuals with at least one common characteristic that distinguishes that group from other individuals. For this study, a population is a group of individuals with a common binding characteristic or trait. In this study, the population consisted of teenagers and foster-carers in three drop-in centres in the Elukwatini school district in Mpumalanga Province. This is explained in detail in the chapter on research methodology.

1.10.2 Sample and Sampling Procedures

A sample, according to McMillan and Schumacher (2014), is the group of subjects or participants from whom the data are collected. Put differently, sampling refers to the "process used to select a portion of the population for a study" (Maree, 2011:79). Jones (2002) cautioned that the sample size depends on the purpose of the study in terms of what would be useful, what adds credibility and what is possible in terms of the time and resources available. Sample size is also dependent on the method of data collection used. The researcher can define a sample as part of a group or a portion of the population from which data is collected. For this study, the researcher used purposive sampling (sometimes called purposeful sampling) which is defined by McMillan and Schumacher (2014) as the selection of elements from the population that is knowledgeable about the topic of interest. Furthermore, information-rich cases, according to Maree (2011), are selected because of some defining characteristics that make them holders of the data needed for the study. For this study, purposive sampling means using certain characteristics to identify participants from whom data would be collected. This is explained in detail in the chapter on research methodology.

1.10.3 Data Collection Technique

1.10.3.1 Observation

Data was produced through observation using an observation schedule (Appendix A). Observation is a way for the researcher to see and hear what is occurring naturally in the research site (McMillan

& Schumacher, 2014). The researcher observed how a day is spent in the homes; that is, she observed what happened from the morning until the end of the day. The researcher observed how foster-carers responded to children's needs as well as their general support for the children. The researcher also observed how foster-carers interacted with the children. Creswell (2018) stated that during observation the researcher takes field notes on the behaviour and activities of individuals at the research site and the observations are open-ended in that the researchers ask general questions of the participants allowing the participants to freely provide their views. This helped the researcher to take advantage of unforeseen data as it surfaced. An observation guide was used to record the events.

1.10.3.2 Interviews

Data were also generated using one-on-one interviews which are qualitative, and questionnaires which are quantitative. (Refer to Appendix E for interview schedule for teenagers and Appendix C for interview schedule for coordinators). McMillan and Schumacher (2014) defined in-depth interviews as a conversation with a goal. One-on-one, open-ended, semi-structured interviews were used. Kvale (1996) described qualitative research interviews as attempts to understand the world from the subject's point of view to unravel the meaning of people's experiences and to uncover their lived world. These interviews involve a few open-ended questions that are intended to elicit views and opinions from the participants (Creswell, 2018). The coordinators and the teenagers were interviewed individually in one-on-one interviews to get in-depth and honest responses.

1.10.3.3 Questionnaire

A questionnaire was also used to generate the quantitative data (Appendix H). A questionnaire enables responses to be gathered from large numbers relatively quickly, and is cost-efficient (De Vaus, 1991; Fink, 1995). Moreover, a questionnaire allows the researcher to collect usable answers from a large sample. The questionnaire used closed-ended questions. McMillan and Schumacher (2014:65) argued that "a questionnaire is relatively economical, has the same questions for all subjects and can ensure anonymity". The subjects respond to something written for specific purposes. However, a questionnaire is likely to produce less in-depth responses, and prevents the

researcher from probing responses further. The foster-carers completed the questionnaire in this study.

1.10.3.4 Document analysis

Document analysis is a non-interactive strategy for obtaining qualitative data with little or no reciprocity between the researcher and the participants (McMillan & Schumacher, 2014) Documents contain text (words) and images that have been recorded without the researcher's intervention. Document analysis is often used in combination with other qualitative research methods as a means of triangulation – the combination of methodologies in the study of the same phenomenon (Denzin, 1970). With consent from the relevant officials, the researcher analysed the policies of running the foster-care centres and procedures for recruiting foster-carers (DSD, 2017) and overview of foster-care system in South Africa.

1.10.4 Data Analysis and Interpretation

De Vos, Strydom, Fouche and Delport (2012:397) defined data analysis as the processes of bringing order, structure and meaning to the mass of collected data. In this study, data were analysed using both the qualitative and quantitative approaches. McMillan and Schumacher (2014), on the other hand, defined qualitative data analysis as primarily an inductive process of organising data into categories and identifying patterns and relationships among the categories, and Cohen and Manion (2007) maintained that qualitative data analysis involves organising, accounting for and making sense of the data in terms of the participants' definitions of the situation, noting patterns, themes, categories and regularities The researcher understood data analysis as making meaning from the data that has been collected. Since data for this study was generated using both quantitative and the qualitative approaches, Kreuger and Neuman (2006) offered a useful outline of the differences and similarities between qualitative and quantitative methods of data analysis. According to them, qualitative and quantitative analyses are similar in four ways. Both these forms of data analysis involve:

- Inference which refers to the use of reasoning to reach a conclusion based on evidence.
- An auditable method or process which reveals the study design.
- Comparison as a central process which identifies of patterns or aspects that are similar or different; and

- Striving to avoid errors, false conclusions and misleading inferences.

The core differences between qualitative and quantitative data analysis are as follows (Kreuger & Neuman, 2006:434-435):

- Qualitative data analysis is less standardised with a wide variety of approaches while quantitative researchers choose from a specialised, standard set of data analysis techniques.
- The results of qualitative data analysis guide subsequent data collection and analysis are thus a less distinct final stage of the research process than quantitative analysis, where data analysis does not begin until all data has been collected and condensed into numbers.
- Qualitative researchers create new concepts and theory by blending empirical and abstract concepts, while quantitative researchers manipulate numbers to test a hypothesis with variable constructs; and
- Qualitative data analysis is in the form of words, which are relatively imprecise, diffuse and context-based, while quantitative researchers use the language of statistical relationships in analysis.

The similarities and differences between the qualitative and the quantitative data analysis is helpful to the researcher as the researcher will consistently check to see how the data differs or produces similar results. For instance, for the qualitative analysis the researcher will ensure that analysis is in the form of words while quantitative analysis will use the language of statistics.

Scott and Usher (2011:89) posited that a typical qualitative analytical approach may include the following aspects:

- Coding or classifying field notes, observations, or interview transcripts by either inferring from the words being examined what is significant, or from the repeated use of words (phrases) whether a pattern is developing (i.e., that all activities which have been recorded are being understood in a similar way).
- Examining the aforesaid classifications to identify relationships between data: concurrently beginning the process of understanding those relationships in general terms, so that they have credibility beyond the boundaries of the case being examined. Researchers draw upon previous

knowledge about the world that has enabled them to distinguish between objects and between occurrences in their life.

- Making explicit these patterns, commonalities, and differences – in brief, making sense of the data, and taking these more developed theoretical constructs into the field to test or refine them.
- Elaborating a set of generalisations, which suggest that certain relationships hold firm in the setting being examined and affirming that these cover all the known eventualities in the data set.
- Formalising these theoretical constructs and making inferences from them to other cases in place and time".

The researcher analysed the data using the qualitative as well as the quantitative approaches since the mixed method approach was used in the study.

1.10.4.1 Qualitative data analysis

According to Braun and Clarke (2006:6), in qualitative research, thematic analysis is used for identifying, analysing and reporting patterns (themes) within data then there follows the rigorous interpretation of data through reading and re-reading interview transcripts, cross-referencing, and making notes of ideas (Chapman, Hatfield & Chapman, 2015:203). Content analysis was used to identify and summarise content by categorising and classifying it into identified themes and relationships between the themes, theme meaning a group of words with similar meaning or connotations. Using themes is a powerful data reduction technique as it reduces high volumes of data into manageable content themes (Stemler, 2001). The researcher transcribed and analysed the interviews immediately after they had been carried out. The researcher analysed the data using the qualitative as well as the quantitative approaches since the mixed-methods approach was used in this study. According to Braun and Clarke (2006:6), in qualitative research, thematic analysis is used for identifying, analysing and reporting the themes within the data and after that, as stated by Chapman et al. (2003:15), the rigorous interpretation of data through reading, re-reading and cross-referencing of ideas follows. Stemler (2001) added that using themes to analyse qualitative data is a powerful data reduction technique as it reduces high volumes of data into manageable content themes. What is mentioned by these scholars is like what Scott and Usher mention regarding qualitative data analysis. Since there were 33 interviews in all, the researcher transcribed in phases

and did not wait until all the interviews were completed as that would make the transcribing very onerous.

1.10.4.2 Quantitative data analysis

According to Babbie (2010), quantitative data analysis focuses on gathering numerical data and generalising it across groups of people to explain a particular phenomenon while Derek (2020) concurred that quantitative data is numbers-based as opposed to word-based. It is data that can be easily converted into numbers without losing any meaning. Kenton (2020) also defined quantitative data analysis as a technique that uses mathematical and statistical modelling, measurement and research to understand data. Gay, Mills and Airasian (2006:172) argued that the easiest way to tabulate questionnaire responses is to have participants mark responses to closed-ended questions on a scannable answer sheet. For this study, the answers were entered manually into a computer statistical program, that is, the SPSS by an expert statistician who will support the researcher.

1.11 RELIABILITY AND VALIDITY

Reliability in a research design assumes that there is a single reality and that studying it repeatedly will produce the same results while validity refers to the degree of congruence between the explanations of the phenomena and the realities of the worlds (McMillan & Schumacher 2014). For this study, reliability means that this study will be trusted and have no biasness. An essential component of contributing to the 'truth-value' of the researcher's inferences is the validity of the instruments that will be used to gather data from which inferences will be drawn. According to Creswell (2012), instrument validity relates to how well instruments measure what they have been designed to measure.

The following methods were used to improve the validity for this study:

1.11.1 Prolonged Engagement in the Field

According to McMillan and Schumacher (2014), prolonged engagement in the field allows interim data analysis and corroboration to ensure a match between findings and participants reality, and According to Ely (1991), prolonged engagement in the field enhances validity through allowing researchers to better understand what they set out to study and improving the credibility of the

inferences made, while Merriam (1998) recommended that repeated observations over an extended period of time can naturally enhance the validity of research data and findings. The researcher spent some time producing data and there was better understanding of what was studied.

1.11.2 Face Validation

Instruments to be used are often presented to an expert in the field for what is known as 'face validation' (Creswell, 2012; McMillan & Schumacher, 2014). Fraenkel, Norman and Hyun (2012) emphasised the importance of using someone for face validation who can 'intelligently judge' the content and format of instruments. For this study, all instruments that were used were face-validated by an expert who checked the language used to avoid ambiguity, whether the items included in the instruments were arranged in a logical sequence, the comprehensiveness of the content, and whether the instruments would elicit the data needed to answer the research questions. The layout of the questionnaires was also checked by an expert statistician because, as pointed out by Fraenkel et al. (2012), this could influence how easily the respondents read the questions.

1.11.3 Triangulation

Triangulation involves a comparison of data obtained using different instruments of data collection or multiple sources of data to check the validity (truth-value) of research findings (Creswell, 2012; Guba & Lincoln, 1983; Mertens, 2005). Using more than one method to collect data allows for the use of convergent validation to improve construct validity (McMillan & Schumacher, 2014). Greene et al. (1989) added that the core premise of triangulation as a design strategy is that all methods have inherent biases and limitations, so the use of only one method to assess a given phenomenon will inevitably yield biased and limited results. However, when two or more methods that have offsetting biases are used to assess a given phenomenon, and the results of these methods converge or corroborate one another, then the validity of inquiry findings is enhanced. When the results do not converge when triangulated, the researcher should explain apparent discrepancies. The researcher used observation to validate what the participants said in the interviews and in the questionnaire.

1.11.4 Multiple Instruments and Methods

The researcher used a variety of data collection methods at each site (interviews, questionnaire, observation, and document analysis) obtained from a range of sources (the teenagers, foster-carers and coordinators of the sites). By giving voice to multiple perspectives within the study the credibility, dependability and confirmability of the study was further strengthened.

1.12 ETHICAL CONSIDERATIONS FOR THE STUDY

The word ethics stem from the Greek word ethos, which means personality or character (Rosnow & Rosenthal, 1999). It refers to the values by which a researcher assesses the character or the behaviour of people. To act ethically is to do well and avoid evil (Aurelius, 2013). Likewise, Rosnow and Rosenthal (1999:59) warned researchers of the fact that they stand on 'thin moral ice' when they are doing research with human subjects because they are "constantly in danger of violating someone's basic rights, if only the right of privacy".

McMillan and Schumacher (2010:339) explained that guaranteeing confidentiality involves protecting participants' "confidences from other persons in the setting". Guaranteeing confidentiality represents a responsibility by researchers that any information supplied by participants will be used with discretion and not to "embarrass or harm them" (Fraenkel et al., 2012:438). Creswell (2012) and McMillan and Schumacher (2010) clarified that the emphasis on the importance of protecting participants' anonymity or privacy means that participants' identities will be protected so that the individual should not be identifiable. According to Fraenkel et al. (2012), where researchers are unable to maintain participants' confidentiality and or anonymity, participants should be informed of this and informed or reminded that they can withdraw from the study at any time when so desired.

The researcher visited the homes where data was to be collected before the actual data collection day(s). On the visitation day, the researcher had time with all the participants to explain to them what exactly would be done during the data collection. The participants were assured that all the information that they would give would remain confidential, their names would not be used to protect confidentiality and if there were audio-recordings, that no one would have access to that information except the researcher. Moreover, the information they would give would be used for this study and for no other purpose.

Terrell (2012:276) raised the following ethical concerns which were addressed in the study:

- Participants must understand the purpose and procedures of the study. The researcher obtained permission from the coordinators of the drop-in centres in Mpumalanga to carry out the study within their institutions as well as from every participant who partook in the study. Creswell (2018) believed it is important to obtain such permission as a sign of respect for the site and (Fraenkel et al., 2012) added that it is important to make participants fully aware of the nature and purpose of their involvement in a study as it reduces the possibility of misunderstanding later.
- Participants must participate voluntarily. The researcher made all the participants aware of the fact that their participation was voluntary and they were free to withdraw if and when they felt they needed or wanted to. This was also stated by Lincoln and Guba (2000) in that the participants must know that their participation is of a voluntary nature and there must be assurance of safety in participation as well as assurance of privacy, confidentiality, anonymity and the principle of trust during the data collection phase.
- Participants must understand the potential benefits of the study and that their privacy will be respected. The researcher ensured that the participants knew the whole purpose of the study, that is, how it would help them in the end.
- Participants must understand that they have the right to a copy of the results. The researcher promised to give each of the homes a copy of the study upon completion.
- Researchers must understand the impact of their presence at research sites and ensure that these sites are left undisturbed at the end of the study. For this study, the researcher was careful with the choice of words and language used while at the site more especially because teenagers were also participants. This was done such that that the work of the drop-in centres would run smoothly after this study.
- Care must be taken to identify and nullify any actual or perceived issues where power between the researcher and participant could be abused. Since the study involved teenagers, the researcher ensured that there was no abuse of power as the study progressed.
- Anonymity must be maintained during data analysis and data should be kept for a reasonable period as prescribed by the university. This relates to transcripts, codes and pseudonyms.

Writing must be free of bias towards any group (e.g., age, ethnicity, sexual orientation, race, and gender).

- The details of the study must be carefully explained within the actual report to allow readers the opportunity to judge the ethical quality of the study for themselves.

The teenagers in the homes are under the carers and coordinators who act as their mothers. The researcher explained the aim and objectives of the study first to the coordinators. The coordinators were free to ask where they had questions. Once the coordinators understood the purpose of the study and how it would be conducted, the researcher, together with the coordinators, explained to the carers. It was after this that the teenagers were then requested to participate. The carers being mothers to these teenagers could not allow something that was not in the best interest of the teenagers under their care. The teenagers were not coerced in any way to be part of the study either by the researcher or the carers because they also realised that their rights as children could not be violated. The teenagers assented to be part of the study, assent being a child's affirmative agreement to participate in a research study. It must be stated here that the researcher only sought assent from children whose coordinators had given prior consent. The coordinator indicated assent by actively agreeing to participate after soliciting assent directly from the child. However, the criterion used in obtaining assent from the children was age and developmentally appropriate methods were used for the proposed population. It was after all this had been done that the researcher then obtained signed informed consent forms to proceed with the study. As Creswell (2012:105) explained, they "acknowledge the protection of their rights" for purposes of data analysis. Consent was asked from the participants to audio-record the interviews and it was granted.

1.13 DEFINITION OF KEY CONCEPTS

1.13.1 Provisioning of Support

Du Toit (2004) defined provisioning of support as structured interventions delivered in schools and in classrooms within specific periods with teachers occupying the central role in the planning and the decision-making processes of the support. On the other hand, Landsberg (2005) stated that the practice of support assumes collaboration of all role players, adaptation of the curriculum, peer support and where required, specialised intervention and counselling. It can be argued that support

is any form of structured assistance given to learners by a group of people; it cannot be done by one person and it is not a once-off activity but continuous. Barker (2005) defines learner support as the strategies that empower learners to establish and fulfil their learning careers and personal potential. Support therefore means giving children extra help so that they can get the most of their education. UNICEF (2015) defines provisioning of support as an opportunity of increased quality education for all through systematic changes and structured interventions in the way learning experience is planned, implemented and evaluated. On the other hand, the Swedish Education Act (2010:800) describes support provisions for children with special educational needs in educational settings as "additional help and attention designed to enhance participation in all activities to improve and facilitate learning". The World Health Organization (2011) concurred with UNICEF when indicating that provisioning of support entails transforming education systems in order to respond to the diversity of learners by promoting learner-centred pedagogies, creating and/or adapting learning materials and textbooks, and ensuring safe and accessible school facilities, schools can be safe and healthy learning environments where all children are treated equally. For this study, provisioning of support means adaptations, modifications and accommodations made by all relevant stakeholders to ensure that learners fulfil their learning objectives to the best of their ability without any barrier or hindrance.

1.13.2 Multidimensional Wellness

Myers, Sweeney and Witmer (2000) defined wellness as a way of life oriented toward optimal health and wellbeing, within the human and natural community in which the individual lives. Ideally, it is the optimum state of health and wellbeing that each individual is capable of achieving. An accepted definition of wellness is one that integrates the physical, mental, social, emotional and spiritual components of health into a meaningful whole (Greenberg, 1985). Wellness is defined in the Merriam-Webster dictionary (2019) as "a state of being in good health especially as an actively sought goal". In this study, from these definitions, wellness can be defined as the active process of becoming aware of and making choices that will lead to a more successful existence.

Multidimensional wellness refers to interventions that integrate numerous interrelated domains (e.g., physical, social, emotional, spiritual, and occupational) in a manner that is holistic, strength-based and focused on cultivating factors that support wellbeing (Free Dictionary, 2019). It is also defined as balancing many aspects of life, each of which is important and relevant to the other

aspects (Meyer & Jones, 1993). In this study, multidimensional wellness means balancing all the aspects of life so that it is holistic. This concept is further discussed fully under Section 2.7 since it is foundational to this research study.

1.13.3 Inclusive Education

The Education White Paper 6 (DoE, 2001) defines inclusive education as acknowledging that all children and youth can learn and that all children and youth need support. This also states that inclusive education means changing attitudes, behaviour, teaching methodologies, curricula, and the environment to meet the needs of all learners. UNESCO (2009) added that inclusive education as a process of strengthening the capacity of the educational system to reach out to all learners and should guide all education policies and practices, based on the premise that education is a basic right and the foundation for a more just and equal society. Lene (2012) regarded inclusive education as a way of ensuring high quality of learning outcomes for all members of the class, by adapting classroom and teaching strategies to suit each child's learning style. In this study, inclusive education, it can be argued, revolves around the learner, the teacher and relevant collaborative partners all working together to meet the needs of the learners.

1.13.4 A Vulnerable Child

The Children Act (2005) defines a vulnerable child, including children who have a need or a child in protection, while IRIN News (2006:36) defines a vulnerable child or learner as a child under 18 years who is destitute and in a risky situation where he or she may suffer significant physical, emotional or mental harm. Salomao (2008:5) added that vulnerable children are deprived or likely to be deprived or harmed because of their physical conditions or social, economic, political and environment and require external support because their immediate care support cannot cope. For this study, a vulnerable child is taken to be a person under 18 years who is an orphan, whose parents or guardian are incapable of caring for him /her, who lacks access to health care, education, food and clothing, psychosocial care and or has no shelter and a child who is neglected, abandoned and rejected by parents.

1.14 DELIMITATIONS OF THE STUDY

Delimitations, as defined by Creswell (2018), are factors which may affect the study, but are controlled by the researcher. Upskill (2019) defined delimitations as the characteristics that limit the scope and describe the boundaries of the study, such as the sample size, geographical location or setting in which the study takes place, population traits, while Leedy (2000) explained delimitations as the boundaries of the research study, based on the researcher's decision of what to include and what to exclude. Boundaries narrow the study and make it more manageable and relevant to what the researcher is trying to prove. The researcher can define delimitations as the specifications of what the researcher chooses or decides to include and excluded in the study so that the study is feasible.

The primary delimitation of this study is that it focuses only on the teenagers in the foster-care and not all the children found there which decreases the generalisability of the findings. Moreover, the study was carried out only in Nhlazatshe in Mpumalanga province and did not include any drop-in centres elsewhere in South Africa although this may have had a bearing on the findings.

Lastly, the target population for the study comprised foster-carers and coordinators although there are other professionals who work closely with the foster-carers in supporting the teenagers. The researcher believes that involving other relevant stakeholders or professionals could have shed more light on the inclusive support of the teenagers and meeting the needs of teenagers placed in foster-care.

1.15 OUTLINE OF CHAPTERS

Chapter 1: Introduction

This chapter discusses the introduction and background of the study, the motivation for the study, problem statement, the research questions and the aim, objectives, and sub-questions of the study as well as the significance of the study. In addition, the research design and methods, reliability and validity, research ethics, definition of key concepts and delimitations of the study are discussed in this chapter.

Chapter 2: Literature review

This chapter gives a detailed review of literature focusing on relevant literature related to children and teenagers in foster-care. The contextual framework of the study is also espoused in this chapter followed by the theoretical and conceptual frames adopted in this research is also highlighted in this chapter.

The theoretical and conceptual frameworks adopted in the study are discussed in this chapter. These key issues are discussed here so that one can understand the theories as well as the concepts used for this study: hence, the discussion of the wellness theory in detail.

Chapter 3: Research design and methods

The chapter provides a description of the research design, research approach and research paradigm, the data collection and data analysis methods, validity, and reliability as well as trustworthiness. Ethical considerations of the study are also discussed in this chapter.

Chapter 4: Presentation of data generated for the study

The chapter presents the data generated for the study.

Chapter 5: Discussion of findings

This chapter discusses and interprets the data generated to reach the findings of the study. In this way, the lessons learned are identified.

Chapter 6: Summary, conclusions, and recommendations.

A summary of the research findings and conclusions and recommendations are presented in this chapter.

1.16 CHAPTER SUMMARY

Chapter 1 provided a general background to the study. In addition, it presents the motivation and significance of the study, the research problem and the research aim and objectives. The chapter further discusses the research design and methods and explained how the data analysis would be done and how the interpretations would be arrived at. The chapter also discussed trustworthiness as well as ethical considerations and finally, it outlined definitions of key concepts and provided the division of chapters. The next chapter presents the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter presented the context of the study and the aim of the study was explicitly presented. The purpose of the literature review is to investigate prior research in the field in order to develop an understanding on the provisioning of support to school-going teenagers placed in Foster-care. The researcher conducted a literature review because it establishes important links between existing knowledge and the research problem being investigated and it enhances the overall credibility of new studies (McMillan & Schumacher, 2014). The chapter also uses literature to answer the research questions and provides a theoretical framework for the study, which is wellness, the varied understandings of the concept wellness, holistic wellness as well as whole-person wellness. Finally, the chapter explains how wellness is achieved as argued by Adams (2003) and Spurr (2009) and then discusses human needs as presented by Maslow (1943) and Max-Neef (1991).

2.2 CONTEXTUALISING THE MEANING OF FOSTER-CARE

The South African Constitution (RSA, 1996b) has recognised that children are among the most vulnerable members of society, and they, therefore, require special protection and care. As a result of this, children's rights have been considered a priority; and Section 28 of the Bill of Rights is titled "Children". According to Section 28 of South Africa's Bill of Rights, every child has the right to basic nutrition, shelter, health care and social services. According to Section 1 of the Children's Act 38 of 2005, a foster-parent is any person who has the right to be a caregiver for a child by order of the Children's Court. Generally, the roles of caregivers would include, among other things, caring for the foster-child, offering guidance and discipline to the child, and stimulating his or her development (DBE, 2014). The UN (2010:11) defined foster-care as "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care". The researcher defines foster-care as a safe place for a child away from his/her biological home under the care of the

foster-parent**.** The national guidelines to protect and care for children include the Constitution, the Child Care Act 74 of 1983, as amended, the White Paper for Social Welfare (1997) and the Children's Act of 2005, as amended. These guidelines are the instruments that are used to run the foster-care centres and the foster-parents have an obligation to adhere to them. The foster-care guidelines also emphasise the importance of collaboration between different stakeholders with an outline of their responsibility to deliver quality and effective independent living services to facilitate successful transition out of the foster-care to adulthood (DSD, 2009). The best interests and care of the child always come first (RSA, 1983). It has been argued that foster-care requires many needs to be met because of the large numbers of children in need; hence, the introduction of the Social Relief of Distress Grant to alleviate the needs of "persons by means of the temporary and immediate rendering of material assistance" (DSD, 2006). These grants are referred to as foster-care grants (FCG) and they are provided to assist caregivers with the financial means to meet the basic needs of the foster-care children (DSD, 2015). The aim of the FCG is to fulfil the mandate of the government in poverty alleviation through the South African Social Security Agency (SASSA) and to assist caregivers to give orphaned children in foster-care a better life. In that way, the caregivers get an opportunity to take part in the community as respected members, and to help with the alleviation of poverty (Tanga, Khumalo & Gutura, 2017:69).

Within the South African context, the Child Care Act 74 of 1983 makes provision for the following forms of residential care as described by Mahery, Jamieson and Scott (2011):

2.2.1 Foster-Care

Foster-care is supposed to recreate the family environment, and normally only six children can be placed with one family. This placement is done through a court order or through a decision to transfer a child who is in alternative care in terms of Section 171 of the Child Care Act 38 of RSA (2005). It is not regarded as a foster-care placement when a child is placed in temporary safe care or in the care of a child-and-youth care centre. The court can place a child in the care of a non-family member, or a family member other than a parent or guardian, or in a registered cluster foster-care scheme established by the DSD (RSA, 2009). Foster-care involves caring for children/ individual who cannot live at home because of abuse, neglect or behavioural difficulties. The majority of these children and young people are looked after by people who provide care 24 hours a day, seven days a week, 365 days a year (Smith, 2007). Foster-care aims to provide an

appropriate family-like setting in which to care for children and young people who, for various reasons, cannot live with their own families.

2.2.2 Place of Safety

A place of safety is defined in the Child Care Act 74 of 1983 (RSA, 1983), as "any place established under Section 28 [of the Child Care Act] and includes any place suitable for the reception of a child, into which the owner, occupier or person in charge thereof is willing to receive a child". All state-run places of safety fall under the DSD (formerly the Department of Welfare).

2.2.3 Shelter

A shelter is defined in the Child Care Act 74 of 1983 as "any building or premises maintained or used for the reception, protection and temporary care of more than six children in especially difficult circumstances" (RSA, 1983). Children in especially difficult circumstances are defined in the Child Care Act 74 of 1983 as "children in circumstances which deny them their basic human needs, such as children living on the streets and children exposed to armed conflict or violence" (RSA, 1983).

2.2.4 Children's Home

A children's home is defined in the Child Care Act 74 of 1983 as "any residence or home maintained for the reception, protection, care and bringing up of more than six children apart from their parents but does not include any school of industries or reform school" (RSA, 1983:6). Not all children's homes are run by the state. Children's homes that are maintained and controlled by, for example, the church, welfare organisations or the private sector must be registered in terms of Section 30 of the Child Care Act 74 of 1983.

2.2.5 Secure Facility

A secure care facility is defined as "a facility established under Section 28A [of the Child Care Act, 1983]" (RSA, 1983:8). Secure care is defined as "the physical, behavioural and emotional containment of children offering an environment and programme conducive to their care, safety and healthy development". Secure care is a new concept in South Africa. These facilities fall under the DSD. As the Children's Amendment Act 41 of 2007 (RSA, 2007) only came into operation in

April 2010, by then no facilities had yet been officially registered as secure care facilities although some were referred to by this name. At the time of the study, (in 2019), there was one such facility in each province in South Africa. The management of two of the nine facilities has been outsourced, one to a non-governmental organisation, another to a private company.

2.2.6 Child-and-Youth Care Centre

A child-and-youth care centre (Section 191 of the Child Care Act) (RSA, 1983) is a facility that provides residential care for more than six children who are not living with their biological families. This definition covers not just children's homes but also places of safety, secure care centres, schools of industry, reformatories and shelters for street children. Every child-and-youth care centre must offer a therapeutic programme – this could be a programme for children with behavioural, psychological and emotional difficulties, or a programme for children who have been abused.

2.2.7 Cluster Foster-Care

A cluster foster-care facility (Section 183) caters for groups of children who are placed in the care of a non-profit organisation (NPO) rather than a foster-parent. Each 'cluster' home can house up to six children, but a scheme can provide care for multiple clusters. Care is awarded to the scheme, not the foster-parents, who are contracted to the NPO. In theory, grants should be paid to the scheme, which then pays foster-parents, but the South African Social Security Agency (SASSA) cannot pay grants to organisations. The care order does not change if the foster-parents change.

2.2.8 Drop-In Centre

A drop-in centre (Section 214) (RSA, 1983) is a facility which provides basic services to meet the emotional, physical and social development needs of vulnerable children. Basic services are food, homework support, laundry and personal hygiene; for example, homework clubs and soup kitchens would count as drop-in centres. In addition to providing one of the basic services, the centre can offer any of the prescribed programmes which are appropriate for developmental needs of the children attending the centre.

2.2.9 Temporary Safe Care

This entails caring for a child "in an approved child-and-youth care centre, shelter or private home or any place where the child can be safely accommodated" (Mahery et al., 2011:11) while waiting for a final placement order from a Children's Court. Approval to provide temporary safe care is certified on Form 39 of the regulations to the Child Care Act, by the provincial Head of Social Development. A child cannot be cared for in prison or a police cell as a form of temporary safe care. According to norms and standards for child-and-youth care centres (Mahery et al., 2011), every centre must provide temporary safe care to children if appropriate and if the centre allows for it. This must be for the shortest period possible while a developmental assessment is done as soon as possible to establish the options for a permanent placement.

This study focuses on the support given to school-going teenagers placed in foster-care and from the different types of foster-care available in South Africa, drop-in centre was used. As mentioned above, this is a type of foster-care found within communities and it is expected to service the community in which it is found.

On the other hand, the different types of foster-care described by the Irish Foster-Care Association (2013:04) are highlighted in the following sections.

2.2.10 Special Foster-Care

Special foster-care involves treatment or specialised foster-care juvenile offenders or children with serious behavioural difficulties or mental health problems. It makes provision for children and young people whose behaviour is such that it poses a real and substantial risk to their welfare, health, safety or development. Special foster-care is provided by carers who are specifically trained and skilled to care for children with high-level needs.

2.2.11 Day Foster-Care

Day foster-care is a form of support for parents which endeavours, where it is assessed as safe to do so, to maintain a child at home with birth parents through the provision of alternative care during the day. The child is not separated from their family, as they go home each evening, yet benefit from the additional care offered in the foster-home. There is minimal disruption to family life, while the parents can obtain practical help, advice and support from the foster-carers.

2.2.12 Short or Medium Foster-Care

Short or medium-term foster-care is for a few weeks or months while efforts are made to reunite the child with his or her family. Short-term foster-care provides temporary care for a child separated from their birth family. The child may, after a period, move back to their family or move on to a long-term foster family.

2.2.13 Long-Term Foster-Care

Long-term foster-care is needed for children who are unlikely to be able to live with their birth family, and who, for a variety of reasons cannot be adopted. Many children in long-term care become so much a part of their foster family that they continue to live with them until their independence, as the birth children of the foster family do. However, a child may still move back to their birth family from a long-term placement.

2.2.14 Emergency Care

Emergency foster-care is the unplanned placement of a child for a few days or weeks while longer-term placements are sought. Emergency care is where a child comes into care very quickly and is placed with foster or 'emergency carers'. It could also happen that an existing placement breaks down and a child needs to be moved quickly and is placed with emergency carers.

2.2.15 Respite Care

Respite care is defined in the National Standards for Foster-Care as "short-term care provided to a child in order to support the child, his or her parent(s) or foster-carers by providing a break for the child and his or her primary caregivers". Respite can play an invaluable role in preventing placement breakdown. Respite care is not a 'right' for the foster-carer and must form part of the child's care plan.

Again, UN (2010: 11) gives an explanation of the different types of foster-care namely, from 2.2.16. up to 2.2.21

2.2.16 Short-Break Foster-Care

Short-break foster-care where children are cared for short periods while parents are in hospital or to give parents a break from caring responsibilities. Placements are planned and children able to form relationships with their carers

2.2.17 Parent and Baby Fostering

Parent and baby fostering is a situation where parents, usually young mothers, are fostered alongside their babies in an effort to help them in their parenting. This is used with groups such as teenage mothers and those caring for children with disabilities.

When comparing the above forms or types of foster-care, the researcher can say that one common thing is that they are concerned with the welfare of the child. One apparent difference is that UN has a parent and baby fostering clause which the Children's Act and Irish Foster-Care Association do not have. The researcher believes this type of foster-care is a necessity in that the disadvantaged teenagers who get pregnant need a place to raise their children and be guided as they parent their children. Although these types of foster-care have different names, most of them are similar in their description and function. For instance, temporary safe care, short-term foster-care, short-break and short medium break, all keep the child for a short time.

Again, there is the special foster-care and treatment foster-care. These are also necessary because of the diversity of the needs of the children which must be met. It is true that some children need to be cared for by skilled foster-parents unlike the other children because of their medical or health conditions. The researcher believes that the types of foster-care must be inclusive so as to embrace the diverse needs of children who need to be taken care of. The UN (2010:11) mentioned above includes respite care which the two others do not address, yet it is also a necessity because the need to relieve foster-carers exists even though that is not a right for them. While some of the foster-care systems keep children with their families, some take the children away from their families but all this is done in the interests of the child.

2.3 INTENTIONS FOR FOSTER-CARE INSTITUTIONS

Foster-care has become the preferred form of alternative care as opposed to other types of care (Children's Act, 2005). Diverse negative life circumstances amongst children led to the need and the rise of foster-care institutions.

Some children are orphans because they lost their parents to HIV/AIDS and other illnesses, some children have been neglected, some are being abused while some are very poor**.** There has been a rise in the number of children in South Africa who need alternative care, and as a result, this has placed pressure on the alternative care system (Fourié, 2017). Due to the backlog of the court orders to finalise foster-care, many children and parents are displaced within the system (DSD, 2017). Foster-care (as discussed in 2.2) is defined as the 24-hour out-of-home care provided to children in need of temporary or long-term substitute parenting because their own families are unable or unwilling to care for them. The purpose of foster-care is to keep children safe while child welfare services are provided so that they can be reunited with their families (California Department of Social Services, 2017). On the other hand, the Children's Act 38 of 2005 highlights the following as the purposes of foster-care:

- Protect and nurture children by providing a safe, healthy environment with positive support;
- Promote the goals of permanency planning, first towards family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime; and
- Respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity.

There may be numerous reasons for the need of foster-care in any country but a common one is to provide a safe place for children. DSD (2009) stated that the purpose of foster-care is to temporarily protect and nurture a child in need of care and protection by providing a safe and healthy environment with positive support until the child can be reunified with his or her family of origin. Lipscombe, Farmer and Moyers (2003:106–108) suggested that foster-care is now the most common form of state provision in the event of family breakdown and is one of the main services provided when serious difficulties arise for parents in looking after their teenage children. In recent years, the children looked after by foster-carers have included an increasing proportion of distressed and difficult adolescents and the disruption rate for these placements is high (see

Section 1.3.1). There are many reasons for having children kept in foster-care. Adoption.org (2018) argued that the primary purpose of foster-care is to provide a safe and stable environment for a child who cannot be with his or her parents for some reason. An environment that feels like home instead of a group home or other residential centre is usually best for a child.

The researcher has noted that the interests of the child are the priority. Adoption.org (2018) further stated that foster-care teaches children what it means to be a child and plays an important role in caring for children in an over-burdened system. According to Freundlich (1997:60), poverty, homelessness, substance abuse, discrimination, declining informal and extended family support, and other forces are undermining the resilience and coping capacity of families. Homelessness leads to involvement with the child welfare system and children's entry into foster-care. Often, children are either involuntarily removed from their parents' custody or families voluntarily place their children after they have lost their homes and find that they have no other option (Shinn & Weitzman, 1996). Moreover, the Child Welfare League of America (1990) highlighted that homelessness and unstable housing also pose challenges to the reunification of children in foster-care with their families At the same time, Robertson (1991) added that the housing issues that many families confront may further be complicated by parental substance abuse. However, Merkel-Holguin (1996) was of the view that a growing number of children whose parents are HIV-infected are entering foster-care. Some of these children have already lost their parents to AIDS and are in need of services to place them permanently with relatives or adoptive families

Children and teens in foster-care are more likely than other children to have experienced abuse. In fact, for most children, entering foster-care is the direct result of abuse or neglect by parents or caregivers (Lepore, 2005). The most common reason for entering foster-care is neglect, physical abuse, sexual abuse, and psychological maltreatment. Pecora (2003) argued that teens in foster-care may face additional challenges in making decisions around sexual behaviours because they are living in temporary settings and often lack permanent mentors in their lives. Both Lindsey (1994) and Pelton (1989) found that the major determinant of children's removal from their parents' custody was not the severity of child maltreatment but unstable sources of parental income. In addition, previous safety nets for families, most specifically aid to families with dependent children and children's disability programmes have been redesigned so that financial and health benefits are not available to the extent to which they were in the past (Freundlich, 1997).

The primary goals of the foster-care system are to support families in crisis and ensure that children are reared in a home environment free of abuse and neglect. When family reunification is not deemed a viable option, permanent placement in a suitable adoptive home is pursued (Committee on Early Childhood, Adoption and Dependent Care, 2002). Evans, Garner and Honing (2014) mentioned that care and/or protection is needed when a child or young person is believed to be 'at risk' because they are likely to experience abuse which might be violence or conflict at home, emotional or physical neglect, sexual abuse, a lack of stable or adequate care, or are exhibiting challenging behaviour.

From what has been discussed above, it is evident that there is a need for foster-care services. The children find themselves in situations beyond their control; hence, the need for intervention. Foster-care is supposed to be a solution to the diverse problems or challenges that these innocent souls face so that, in spite of their backgrounds, they can still, with the support they receive in the foster-care, have a bright future. The state is required or expected to become involved in a child's life when parents neglect or abuse their children or do not protect them from neglect or abuse. When it steps in to protect children, the state becomes the parent. It takes on the responsibility to provide for the child's safety and wellbeing. However, in some instances, the state never becomes involved and foster-care ends up in the hands of non-governmental organisations and or donors.

2.4 AVAILABLE SUPPORT GIVEN TO TEENAGERS IN FOSTER-CARE TO MEET THEIR NEEDS

Children in foster-care need support regardless of the fact that different life circumstances placed them in foster-care. Inclusive education advocates for embracing and acknowledging difference amongst children. Establishing caring and supportive relationships with the foster family is considered a crucial need of children (Bell, Romano & Flynn, 2015). The children in foster-care need a conducive stable family structure as they are growing up. That is why the researcher concurs with Bell et al. (2015) on the children's need for caring and supportive relationships. Such relationships are between the children themselves as well as the foster-parents. The foster-parents have a motherly role to play in the lives of the children. It is known that the home is the first school for a child. Through informal schooling children learn good morals and respect from home. Caring for a child goes beyond providing the basic needs but also being there for the child each time the child needs you. The children in the foster-home have to feel home in the foster-care. Bell et al.

(2015) further stated that besides (foster) family members, other adults, such as neighbour or family friend, and professionals can play an important role in the social networks of children in foster-care. These people can provide emotional and practical support, and a sense of stability and continuity of relationships.

Multidimensional wellness is what the children in foster-care need so that they live a balanced life just like any child being raised up by biological parents something that cannot be achieved by foster-carers alone. The children in foster-care need to socialise since they are part of the society and they need the continuity of relationships throughout life. Moreover, conversations with foster-parents about their past, when characterised by trust and interest, can contribute to youth finding emotional support from their foster-parents (Steenbakkers, Van Der Steen & Grietens, 2016). Most of the children in foster-care do not have a good past but after sessions of counselling, these children accept their past and they then freely talk about it. The foster-parents have to work hard to win the trust of these children, something they have to do over a long period of time as this does not happen overnight. Once they gain the trust, they must not betray these children. As the children share the problems that they face daily with the foster-parent, they feel supported emotionally.

It must be mentioned here that not all the children in foster-care are orphans; some are vulnerable and their parents are still alive. However, for some reasons the biological parents could not bring them up. One therefore wonders if the children have to cut off the ties with their parents. Kothari, McBeath, Lamson-Siu, Webb, Sorenson and Bowen (2014) and Waid and Wojciak (2017) posited that children in foster-care sometimes require help to understand and manage the complex family relationships with their birth and foster family. Relevant professionals working with the foster-care have to support both the children and the foster-parent so that the child strikes a balance between foster family and birth family. These children have to be counselled at a tender age to deal with the anger issues and not grow up angry with their parents or biological families. As long as these children are bitter, emotionally, they will not be fine and for as long as they live, sibling contact and support is essential. In schools, the teachers have to be inclusive in their approaches so as to meet their needs. As stated by Mendis, Gardner and Lehmann (2015), there is a myriad of approaches to meeting their educational needs, indicating that there is not a ‘one-size-fits-all’. A stated in the Education White Paper 6, the foster-care should in no way be a barrier in the lives

and upbringing of these children, more so because foster-care is not their choice. Moreover, foster-care is aimed at providing an element of care that was absent from a child's life (Fortune, 2016:13).

Dougherty (2001:105) argued that if foster-care is to be responsive to the needs of children and families, it must be shaped by five key principles:

- A family focus that views care as a service for the entire family as opposed to a service only for the child or for the parents;
- A child-centred orientation that places the needs of the individual child at the forefront of case planning;
- The delivery of services from a community-based perspective so that children remain in contact with the important people in their lives and live in familiar environments;
- Developmental appropriateness so that the care and services that a child receives are responsive to the child's age and physical, cognitive, behavioural and emotional status;
- Cultural competence so that the cultural strengths and values of all families are respected and accommodated.

The researcher concurs with Dougherty (2001) because foster-care serves the whole family of the child in foster-care in the sense that, as stated earlier, there must be continuous sibling contact. Moreover, the foster-child has to balance their biological family and foster family. There are instances where the foster-carer will need parents or a guardian to consent on issues pertaining to the foster-care child. So, it is true that foster-care is a service for the whole family. Furthermore, as stated by the DSD (2009), meeting the needs of the children in the foster-care is a priority and the interest of the child comes first. On all issues pertaining to the child, the rights of the child as stated in the Child Care Act of 1983 should not be violated. The delivery of services from a community-based perspective is good support to the children in foster-care. That is so in that, as stated above, the child remains in contact with all the important people on his /her life. Moreover, cultural values and norms are respected since the foster-care is found within the community and it is provided by community members. This is even more applicable in drop-in centres as they are found within the communities. According to Mahlase (2008), a drop-in centre is a community-based initiative found in South Africa. The Child Care Act (RSA, 1983, Section 214) defines a drop-in centre as a facility which provides basic services to meet the emotional, physical and social

development needs of vulnerable children. Basic services are food, homework support, laundry and personal hygiene. The use of community members as foster-parents is an advantage to the child in the sense that, since all are from the same communities, the foster-carers know the background of the child, so the child will get the appropriate support.

It is a fact that the children and teenagers placed in foster-care are supported to meet their needs but it does not seem enough. The discussion above identifies the gaps in the support given which must be filled so that the children are supported holistically and in an inclusive manner. The siblings and biological family members of these children have a huge role to play in the lives of the children placed in foster-care.

2.4 IMPACT OF THE SUPPORT GIVEN IN MEETING THE NEEDS OF TEENAGERS IN FOSTER-CARE

Mnisi and Botha (2015:227) argued that the foster-care system in South Africa focuses on ensuring a family life that is as normal as possible for the orphaned child. It promotes their wellbeing and allows the child to develop successfully. This is achieved through the inclusive approach where meeting the diverse needs of children is a priority. The ecological systems theory posits that children's development is influenced by many environmental systems, thus affecting the wellbeing of those children (Motha, 2018:51). The interrelatedness of the systems should not be ignored while the child is being supported to meet his or her needs. These children in the foster-care attend school in the mainstream; they do not have special school just because they are orphans. That then calls for teachers to be inclusive in their teaching. McRoberts (2010) believed that learners present with a diversity of personal characteristics and experiences attributable to physical, personal health or wellbeing, intellectual, psychological, religious, cultural, socioeconomic or life experiences that may impact on their access to and participation in learning. The researcher concurs with this and maintains that in every classroom there are learners from different socioeconomic, language, cultural, religious, ethnic, racial, gender, and family organisation and ability groups. All these learners come to school with different experiences and characteristics. It is important to respect the learners' diversity in order to respond to the unique strengths and needs of every individual learner. Teachers therefore have a professional responsibility to respond to a range of educational needs daily.

Lately, schools collaborate with different stakeholders in supporting the diverse needs of learners in schools. That makes it imperative for teachers to be abreast with inclusive education for the benefit of all the learners in their classrooms. This study aims at finding out how the needs of school-going teenagers placed in foster-care can be known and met and that calls for everyone involved to be inclusive. In as much as these teenagers are in foster-care, they have a right to education just like any other child. School achievement is an important protective factor for psychosocial problems among foster-care children (Forsman, Brännström, Vinnerljung & Hjern, 2016), which is often achieved with the additional support from foster-parents, schools and the community (Hiles et al. 2014; Morton 2016; Vinnerljung & Hjern, 2018). In addition, few studies have found better outcomes for young adults grown up in foster-care compared to peers raised in adverse birth family environments. For these children to succeed academically, foster-carers, schools and community all have a role to play. The right to education and the equality of opportunity are fundamental human rights. Education is the essential right of every individual throughout life and it must embrace people of all ages, rendering useful the cultural, economic and religious differences, the differences in ability and learning style, possible deficiencies or learning differences and difficulties related to individual development.

The concept of 'Education for All' was launched at the World Conference in Jomtien, Thailand in 1990, and, through the Statement adopted in 1994 at the World Conference in Salamanca and the dimension of education for all, inclusion and access to quality education therefore took shape. According to Armstrong, Armstrong and Barton (2000) and Reid and Valle (2004), the movement towards inclusive education acknowledges that human diversity is an inherent and necessary part of any society and that society has to find meaningful ways of responding to that diversity. The researcher agrees that diversity is thus one of the key characteristics of inclusive education. As noted, there is a diversity of learners in every classroom which means that all learners have diverse learning needs. In order to address these diverse learning needs that exist in schools and classrooms, teachers need to strive towards creating supportive classrooms with a strong sense of belonging (Bornman & Rose, 2010). It is the responsibility of teachers to make sure that every learner feels included and affirmed in the classroom. This can be done if teachers can change their beliefs, attitudes and behaviour by treating every learner as an individual and respecting each learner for who they are. Teachers also have to consider the unique needs of learners when designing learning programmes and lessons and avoid using a language that is biased and

undermines certain groups of learners. Furthermore, teachers also have to refrain from remarks that make assumptions about learners' experiences but they must constantly re-evaluate their methods for teaching and assessing learners in a diverse setting. That can be achieved through considering different approaches, methodologies and strategies when teaching and creating opportunities for all learners to participate in activities (DBE, 2011).

After the 1994 Salamanca Declarations which proclaimed that every child has a fundamental right to education, this was further reiterated and expanded at the UNESCO international conference in education which was held in Geneva in 2008. The conference was attended by Ministers of Education and other delegates from 153 member states. From that conference, Article 26 of the UN Declaration of Human Rights affirmed that an inclusive quality education is fundamental in order to achieve human, social and economic development. It was also recommended that the concept of inclusive education should be broadened to address diverse needs of all learners (UNESCO, 2009). It is therefore important that inclusive education approaches should be adopted in designing, implementing, monitoring, and assessing educational policies and curriculum. The guiding principle of the Salamanca Statement and the UN Declaration of Human Rights is a social perspective where inclusion is seen as the basic right of all learners in mainstream schools. Green and Engelbrecht (2011) indicated that, based on the Salamanca Statement, educational authorities have to redesign policies, schools have to change many of their practices and both have to adopt a different mindset with regard to learners perceived to be 'different'.

The permanency aims for children who continue to require out-of-home services is to remain in a stable foster family (De Baat, van den Bergh & de Lange, 2017). Children whose placements are near their birth families and children who are placed in relatives' care are more likely to maintain ties to their old friends than children who move far away or who are placed outside their families (Padilla-Walker & Nelson, 2013). Retaining these friendships, as long as the peers do not engage in deviant behaviour (Melkman, 2015), may be beneficial. Drop-in centres in South Africa are found within the communities of the children. This benefits the child once in the foster-care because they are in the environment that they are used to. De Ball (2017) argued that these children maintain their old friends and their lives do not change drastically. Attending the same school, being in the same environment or community and keeping the same old friends is a form of support to these children. Socially, they are supported and by people who know and understand them, and

they only have to adapt to being in the foster-care. The fact that the foster-carers are also from the same community is also beneficial to the children. The stability of foster-care has been attributed to foster-care practice and policy reforms which show that instability is linked to negative impacts on foster-children's wellbeing (Font, 2016:01). The dynamics of raising a child in a conflict-laden home are linked to negative effects on children's psychosocial wellbeing, and this overly affects family dynamics (Harkonen, Bernadi & Boertien, 2017:03). Because the children in foster-care are school-going, it is imperative that the foster-care be stable so that the children can be well holistically since this contributes to good academic performance. For example, spiritual wellbeing is gaining increased attention in the health and rehabilitation literature, as researchers have found that spiritual beliefs can significantly impact quality of life. Breckenridge, Black-Hughes, Rautenbach and McKinley (2017:504) were of the view that orphaned children whose parents died through HIV/AIDS tend to have decreased coping mechanisms and experience higher rates of grief related to parental death. Despite these circumstances, foster-children have made a positive development turn when growing up in a positive and nurturing environment that is safe and secure (Steenbakkers et al., 2018:02). It is therefore important to meet their basic needs in an age-appropriate way, with their personal histories kept in mind, so as to understand their adversities and challenges.

Children in foster-care can struggle with repercussions of previous challenges in their home environment (e.g., physical abuse, neglect), and some have also faced challenges in other arenas, such as school and social relations (See Section 2.3). Such risk factors and challenges make children in foster-care a vulnerable population, with a high prevalence of developmental, medical, and mental health needs compared to children in the general population (Cooley, Thompson & Newell, 2018). The researcher believes that it can only be through the multidimensional wellness perspective that the needs of teenagers in foster-care can be met; for instance, foster-carers alone cannot meet the developmental, medical and mental health needs of the children by themselves but have to work in collaboration will the relevant professionals towards one common goal, namely, meeting the needs of the children. These foster-carers need to be supported so that they also support the children under their care. However, different scholars like Dorsey et al. (2018) provided some evidence indicating that foster-parent training has been found to be a prerequisite for successful fostering (i.e., preventing/avoiding placement breakdown) for both the children and the foster-parents. Likewise, Murray, Tarren-Sweeny and France (2011) added that foster-parents

often endure a high burden of care and consequently have high needs for support and training. Completed foster-parent training, according to Randle, Miller and Dolnicar (2017), has been associated with several benefits, such as higher levels of parenting skills, wellbeing and increased role satisfaction. Results from a recent meta-analysis done by Solomon, Niec and Schoonover (2017) on the impact of foster-parent training on parenting skills and disruptive child behaviour indicated that foster-parents who were involved in training reported fewer child behaviours problems than parents who did not receive the training. It can, therefore, be argued that foster-carers' training must be considered to ensure the holistic wellness of foster-care children as well an inclusive approach to meeting their needs.

Inclusivity in education has been directly advocated since the Universal Declaration of Human Rights in 1948 and has been included in all phases in several key UN declarations and conventions. Du Plessis (2013) summarised these as follows:

- The 1948 Universal Declaration of Human Rights which ensures the right to free and compulsory elementary education for all children.
- The 1989 UN Convention on the Rights of the Child which ensures the right to receive education without discrimination on any grounds.
- The 1990 World Declaration on Education for All (Jomtien Declaration) which set the goal of Education for All (EFA).
- The 1994 Salamanca Statement and Framework of Action on Special Needs Education which requires schools to accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions.
- The 2000 World Education Forum Framework for Action, Dakar, EFA and Millennium Development Goals which stipulate that all children should have access to and complete free and compulsory primary education by 2015.

All the arguments that opposed segregated special education reached a critical mass with the adoption of the UNESCO's Salamanca Statement (UNESCO, 1994) which demonstrated an international commitment to inclusive education and included the following principles:

- Every child has a fundamental right to education, and must be given the opportunity to achieve and maintain an acceptable level of learning;

- Every child has unique characteristics, interests, abilities and learning needs;
- Those with special education needs (SEN) must have access to regular schools which should accommodate them within a child-centred pedagogy capable of meeting these needs;
- Educational systems should be designed, and educational programmes implemented, to take into account the wide diversity of these characteristics and needs;
- Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system

The researcher is concerned about the realisation of learners' full potential and participation in the learning process as stated in the EWP6 (DoE, 2001). The EWP6 advocates for the acknowledgement that learners are diverse but all of them can learn with the appropriate support. Furthermore, there is relatedness between inclusive education and foster-care as mentioned in the Salamanca Statement. It can only be through inclusive practices that the children from foster-care, with their diverse needs can benefit fully from the education system and be independent once out of foster-care (see Section 1.2). The Salamanca Statement is accommodative of all children without singling out the foster-care children.

2.5 VIEWS OF FOSTER-CARERS ON TEENAGERS' TOTAL WELLNESS

Foster-carers know that they are in the drop-in centre to meet the needs of children in the foster-care. They clearly know their roles and responsibilities in the foster-care. That is why, as stated by Schofield and Simmonds (2009:29), successful or 'authoritative' carers are also "warm, encouraging, sensitive to their children's needs, willing to listen and clear over expectations". Foster-carers are more likely to take part with their foster-children in enjoyable joint activities (such as reading a bedtime story or going to a football match) and when they are older encourage them in developing needed skills. One youth suggested that foster-parents be educated to understand "Just make... [foster-parents]... more aware and understanding of what's really going on with us so that we are not treated badly or said that we're crazy, or put on drugs or medications, stuff that is not really needed" (Riebschleger, Day and Damashek, 2015; UNICEF, 2012: 4). Furthermore, children in foster-care deserve to be treated like good parents would treat their own

children and to have the opportunity for as full an experience of family life and childhood as possible, without unnecessary restrictions. Meeting the needs of foster-children provides them with a more stable and secure placement in which they can thrive. When a child is well cared for, as Berrick and Skivenes (2012) argued, stimulation and love are promoted, in turn, providing optimal development and protection from harm by their families (Sherr, Skeen, Hensel, Tomlinson & Macedo, 2016:890). The Constitution of Republic of South Africa, Section 28 (1) states that "every child has the right to family care or parental care or to appropriate alternative care when removed from the family environment". This will nurture the child's sense of belonging and their social structure through socialisation into family norms and beliefs. Furthermore, findings from a study on good foster homes revealed that several young adults highlighted that being treated as the foster-parents' own biological children was essential in creating their feeling of belonging; this allowed them to feel like normal children in a normal family (Affronti, Rittner & Semanchin Jones, 2015). Foster-carers in the drop-in centres are aware that they are accountable for all that they do in the foster-care. These children under their care are the future generation of this country so there is a need for them to be good parents in every way even when the children are wrong and need to be reprimanded. Since this study is on the provisioning of support to school-going teenagers placed in foster-care, that has a lot to do with what the foster-carers do in the drop-in centre so as to meet the needs not only of the teenagers but of all the children that are placed in the drop-in centre.

2.5.1 Role of Foster-Carers

According to Section 1 of the Children's Act 38 of 2005, a foster-parent is any person who has foster-care of a child by order of the Children's Court. Generally, the roles of caregivers would include, among other things, caring for the foster-child, offering guidance and discipline to the child, and stimulating his or her development (DBE, 2014).The following authors were in agreement with the DBE on the roles of foster-parents, namely, that:

- they are the core mediators in the foster-care process;
- they play a huge role in caring for, supporting and nurturing the orphaned children (Kaziboni, 2015);
- they support children with their school career and provide stimulation and input for their cognitive development (Mendis et al., 2015);
- they are vital in providing a secure base for these children (Schofeld and Beek 2005); and

- they enable them to make a positive developmental turn and deal with their traumas (McLaughlin, Zeanah, Fox & Nelson, 2012; Nelson et al., 2007).

In the absence of foster-carers, it is evident that there can be no foster-care; in the context of this study, there can be no drop-in centre. This is because of the role the foster-carers play there. They are the engine of the drop-in centre. They further enable the children to face the world with a positive attitude through the process of socialisation as they shape their attitudes and wellbeing. Foster-parents are responsible for the creation of a healthy and safe environment for foster-children (Helton, Schreiber & Fiese, 2017:160). Foster-parents are constantly interacting with the children in their centres and have the experience in dealing with OVCs and in managing the FCGs for meeting their needs (Ntshongwana, 2018:15). Adoption.com (2018) further stated that foster-parents have the big task of helping children learn about themselves and the world around them in a positive way after experiencing so much negativity in their lives. The DSD, Children's Act and the Constitution of SA has these tasks clearly spelled out, so the foster-carers in the drop-in centre know what is expected of them.

In a situation analysis conducted by DSD, DWCPD and UNICEF South Africa (2011), the foster-carers described the following different roles that they played in relation to their children:

- Tracking developmental milestones: Since caregivers are involved with the child on a day-to-day basis, this helps to identify delayed milestones by comparing these with peers and taking the child's chronological age into consideration. Furthermore, caregivers report to the child's social worker about their observations, and then further steps are taken by referring the child to other relevant professionals for the necessary help.
- Provision of care: this includes daily routine (feeding, cooking, bathing, laundry and cleaning the house). It must be noted that children are placed in foster-care at an early age from a month old to 15 years of age. Therefore, caregivers must make sure that meals are provided on a daily basis, the house is kept clean and children's hygiene is also taken care of.
- Teaching independence: children are taught basic self-care skills (e.g. house chores and grooming) to prepare children for adulthood so that they are ready for life after care.

- Enrolling the child in school: caregivers are responsible for making sure that the child attends school regularly. Furthermore, they monitor homework and assist the child with school projects.
- Social development: some children placed in foster-care do not have birth certificates. It is the duty of the caregiver to apply for the certificate as well as the social grant.
- Transportation: caregivers are expected to transport and accompany children in their care to their routine medical or other appointments whenever possible. In addition, caregivers must know the child's needs and that they can be a comforting and familiar presence for the child especially during stressful appointments. It is critical that caregivers receive ongoing training on physical and mental health.

Responsibilities of foster-parents are to:

- Cooperate with a DCP organisation or Department of Social Welfare (DSW) in the reunification process with the child's biological parents or family members if that is part of the permanency plan for the child
- Cooperate with the DCP organisation or the DSW in any review process to extend the foster-care order
- Allow a DCP agency or DSW to access the home and to have access to the children in order to monitor their placement, provide reunification services, and review the foster-care order, or any other matter relevant to the foster-care.

According to Girard (2010), foster-carers should be supported in caring for children and young people, including being given assistance to work with those with challenging behaviours. According to Wood (2008), to improve the stability of placements which should include access to regular and planned relief care, behavioural management support, and other evidence-based specialist services. Geiger (2012) emphasised that it is critical that foster-carers receive ongoing training on health and mental health issues of children in foster-care. To be effective in managing these issues, foster-carers should have basic information on healthcare (including preventive health) and detailed information on any specific conditions or illnesses of children in their care. Moreover, Sellick and Thoburn (1996) argued that training on attitudes and skills related to health and mental health issues is important. Training for foster-carers is considered to be an important

part of preparing them for and supporting them in the task of fostering. Conversely, the value of parent training programmes with foster caregivers has not been extensively evaluated.

In order for foster-parents to promote a child's development, they need to provide quality care, support and supervision and that makes the foster family role broad and challenging. As a result, this implies that foster-parents should discuss all their foster-children's needs since they are going to foster them. They should provide stable, safe and sustainable home environments and see to all aspects of healthy development for foster-children including their physical, social, emotional, psychological, cultural and spiritual needs. They should encourage and support the relationships between foster-children and their biological children and their connectedness with social networks and groups. They should engage parents of foster-children and families in a manner that is tolerant and respectful of their past, cultural identity and spiritual beliefs and should promote positive relationships where possible. Foster-care matters a lot considering the fact that a large number of children are placed with foster-parents; hence, it is the key responsibility of those who are responsible for foster-children to ensure the number, quality and stability of foster-care placement of such children. Foster-parents make a great contribution to and have an impact on the provision of family-based care for children who have complicated histories which sometimes lead to troubled and challenging behaviours. Empowering, supporting and developing foster-parents to take care of foster-children in a manner that provides strength and security includes foster-parents themselves being supported professionally both practically and emotionally (Brown, Sebba & Luke, 2014). After committing themselves to foster-care, foster-parents encounter various problems as they may have to take care of the needs of foster-children with limited support (Chipungu & Bent-Goodley, 2004).

2.5.2 Challenges of Foster-Carers

Being a foster-carer is not an easy role but comes with some challenges**.** That is mainly because of what is expected from these carers. Foster-care is supposed to provide a safe haven for abused and neglected children. Regrettably, children in foster-care often experience further harm and at times the foster-carers are not aware of this. Children in foster-care may not receive adequate physical or mental healthcare or appropriate educational support. Riebchler et al. (2015) highlighted that foster-parents need more training and support for dealing with emotional and behavioural challenges of the children, more especially teenagers who are in a transitional stage of growth in

life. Geiger (2012) concurred and stated that in order to be effective in managing these issues, caregivers should have basic information on healthcare (including preventive health) and detailed information on any specific conditions or illnesses of children in their care. Such knowledge and skills will equip them on how best to support the children in foster-care.

Plummer and Eastin (2007) indicated that some caregivers also described stress arising from a lack of support from professionals, including being accused of making false allegations, receiving criticism about their parenting, experiencing lack of sensitivity about their concerns, and being denied access to social services. This results in caregivers stating that they would not have involved authorities in the disclosure process if they had been able to predict the reaction they received (Plummer & Eastin, 2007). Geiger (2012) shared the same sentiments on how sometimes caregivers needed to feel supported, nurtured and understood, in order to be able to provide warmth and care to the children with whom they work. In addition, caregivers in other South African studies also reported feeling burnt out (Mathye & Eksteen, 2016; Naicker et al., 2016). Another situation in which caregivers might experience anxiety is when leaving their child with another caregiver, especially if they are worried about the quality of care their child will receive (De Sas Kropiwnicki, Elphick & Elphick, 2014). In Dunne's study (2015), caregiving was experienced as being demanding but worthwhile. The researcher believes that it is the love and passion of this kind of work that keeps caregivers in the foster-care despite the challenges, not because quitting is impossible. From what is known, foster-carers in the drop-in centres are not exempt from the challenges described in this section.

There is a need for the foster-carers to know all the sensitive information about the children under their care. Such knowledge also makes their work easier in that they understand the reasons why a particular child behaves the way he or she does. Ntshongwana and Tanga (2018) concurred that at times the child has come into the foster family having already experienced grief and emotional distress through losing his/her parents. Depending on the treatment by the foster-parent, this can have either positive or negative influence on the behaviour of the child such as longing for love of parent. Moreover, understanding the foster family and its functioning requires familiarity with the complexities and systems present in the family that enhance the wellbeing of orphaned children.

The need for knowledge and skills is important in effectively managing the behaviour of foster-children (Centre for Social Development in Africa, 2017:03). It has been found that foster-

children's behavioural problems affect the wellbeing of foster-parents and create tension within the foster family (Broady et al., 2010). Foster-parents describe managing behavioural problems of foster-children as tiring, stressful and relentless. Morgan and Baron (2011) identified a significant positive relationship between behavioural problems and foster-parents' levels of stress, anxiety and depression. Both parental ability and supportive personal networks have been found to partially mediate these effects on the wellbeing of foster-parents. Similarly, Murray et al. (2011) found that regardless of the children's behavioural problems, the wellbeing of foster-parents is the same as that of parents at large. The potential transitory nature of foster-care causes fear and grief to foster-parents. They fear losing the foster-child after they have bonded and become attached to the child (Broady et al., 2010).

It appears that foster-carers are not fulfilling a professional role but rather a parental role and fear of losing their foster-child is their articulated sense of hopelessness in relation to the child welfare system (Broady et al., 2010; Riggs, Augoustinos & Delfabbro, 2009). Foster-parents experience grief even if they were part of the decision for the removal of the child (Pickin, Brunsden & Hill, 2011; Samrai, Beinart & Harper, 2011; Thomson & McArthur, 2009). Foster-carers needs to be trained so that they cope with these behavioural challenges of the children under their care. Foster-carers have an enormous task to protect, support and provide love and affection to the all foster-children (Zastrow, 2010:209), and they also need support in many different ways so that they are able to support the needs of all the children in the foster-care regardless of the numbers. It is not known if foster-carers are also supported so that they also support the children effectively and efficiently yet meeting the basic needs of foster-children is more feasible when there is increased support offered to foster-parents (Durand, 2007:35).

According to Botha et al. (2017:3), children in foster-care look upon foster-carers to meet all their needs. Since, in most cases, the goal of foster families is to provide a conducive home and meet the basic needs of the child, economic hardships have a negative impact on the functioning of the family. However, Lesea (2017:87) argued that FCGs can barely meet these children's basic needs and that is a challenge to the carers. Nonetheless, Kanyane (2015:36) attested that the FCG should not be considered as a poverty alleviation fund but rather as assistance from the state to persons caring for children in formal foster placements.

Since the aim of the study is to evaluate the multidimensional wellness of teenagers in foster-care (see Section 1.6), there is a need to address the challenges faced by the foster-carers. That is mainly because the researcher believes that these challenges have a bearing on the holistic wellness of the children under their care. The researcher believes that there is a need for a collaboration for all the stakeholders involved in the lives of the children in the drop-in centre so that multidimensional wellness is achieved. The foster-carers themselves must have all the dimensions of wellness that is social, physical, emotional, spiritual, financial, occupational, and environmental and career so that they are effective and efficient in their service delivery. For instance, the foster-carers need financial wellness more than the children under them. Lack of money results in stress which will have a negative bearing on their treatment of the children in the drop-in centre.

2.6 POLICIES GUIDING THE ADMINISTRATION, MANAGEMENT AND PROVISIONING OF FOSTER-CARE

The Child Care Act (Chapter 12) (RSA 1983:167) defined a drop-in centre as a facility which provides "basic services aimed at meeting the emotional, physical and social development needs of vulnerable children". The basic services provided must include one of the following: food, homework support, laundry, or personal hygiene, homework clubs and soup kitchens. These facilities have policies that ensure that their aim is achieved. Drop-in centres deal with children and, Section 28(2) of the South African Constitution refers to a child's best interests as being 'of paramount importance' in every matter concerning the child, even in drop-in centres. The national guidelines to protect and care for children include the Constitution, the Child Care Act, 1983 of 1983, as amended, the White Paper for Social Welfare (1997) and the Children's Act of 2005, as amended. These guidelines are the instruments that are used to run the foster-care and the foster-parents have an obligation to adhere to them. Things are not done haphazardly in these institutions. The foster-carers have the responsibility of meeting the needs of the children under their care; hence, the following programmes as stated in the Child Care Act Section 12 (1983) must be and are provided by foster-care:

- counselling and psychological support;
- social and life skills;
- school holiday and educational programmes;
- primary health care in collaboration with local clinics; and

- reporting and referral of children to social workers or other social service professionals.

The Children's Amendment Act of 2007 also provides for:

- protection of children;
- prevention and early-intervention services;
- foster-care;
- children in alternative care;
- child-and-youth care centres, shelters and drop-in centres;
- the discipline of children; and
- respect for parental rights by providing that no person may take or send a South African child out of the country without the consent of the parents or guardian.

The foster-care needs money for the provisioning of the support to these children and the provincial DSD is the main source of funding for drop-in centres and prevention and early-intervention programmes. DSD is responsible for the administration of the drop-in centre. Because of their core focus, it is important for the organisation to build sustainability into the programme, to avoid service interruption and to empower and promote employment in the community it serves (DSD 2015/2016). One wonders if the funding is sufficient to meet all the needs of running the foster-care. These grants are referred to as the FCG and they are provided to assist caregivers with the financial means to meet the basic needs of the foster-care children (DSD, 2015). The FCG aims to fulfil the mandate of the government in poverty alleviation through the SASSA. It has been argued that foster-care has many needs to be met because of the large numbers of children in need; hence, the introduction of the Social Relief of Distress Grant to alleviate the needs of "persons by means of the temporary and immediate rendering of material assistance" (DSD 2006:96).

In 1995, the South African state set up an agency called the SASSA. Its mandate is to manage the social grant system on behalf of the DSD. SASSA's key objectives are to prevent and redress poverty, provide social compensation and allocate income to the beneficiaries (SASSA, 2017:17). The provision of social grants to children is one method used to achieve these goals and the State is making significant strides in providing such assistance to impoverished families and in reducing poverty (Gutura & Tanga, 2016:37). The State provides three types of grants directly focused on providing children's needs: the Child Support Grant (CSG), the FCG, and the Care Dependency

Grant (CDG) (Fortune, 2016; Gutura & Tanga, 2016; SASSA, 2017). The provision of social assistance through FCG, CDG and CSG ensures that the basic needs of children are met (Hall & Sambu, 2016). DSD (2019) has highlighted that the CSG beneficiaries in 2019 were estimated to be around 12.7 million, the CDG beneficiaries around 154 498, and FCG beneficiaries around 351 418. The number of beneficiaries on these grants clearly shows that children's grants are paramount to the welfare of the children and their families. There is limited literature on FCG focusing on the implications of the grant for the foster family. Existing studies on foster-care focus more on the foster-care crisis in South Africa, looking into the best interests of children and highlighting kinship care and the plight of orphans in South Africa (Bhorat et al, 2014; Fortune, 2016; Kaziboni, 2015).

According to the Children's Act of 1983, the purpose of the foster-care system is to maintain orphans and not develop them and provision of health services is one way of maintaining them. Section 32 of the Act says that anyone caring for a child must do all they can to safeguard a child's health, wellbeing and development. If a child needs urgent medical treatment and it is not possible to contact the child's parent or guardian, then the person looking after the child can consent to medical examination or treatment. The carer should make every effort to contact the parent or guardian before they take the child to a clinic or hospital, but treatment should not be unnecessarily delayed. The best interests and care of the child always comes first. Foster-carers work with the parents or guardian of the children on all issues of the child's health, they do not take decisions about a child that exclude the parent or guardian. Moreover, different forms of partnerships emerged from the organisational structure. Inter-sectoral partnerships between schools (the Department of Basic Education), the DSD and businesses (corporate citizenship) are essential to sustain service delivery. The foster-care guidelines also emphasise the importance of collaboration between different stakeholders with an outline of their responsibility to deliver quality and effective independent living services to facilitate successful transition out of the foster-care to adulthood (DSD, 2009). Foster-carers have a huge role to play in the running of the foster-care. They also have responsibilities and rights as stated in the Child Care Act (Section 188) (RSA 2005:178) are detailed in different places:

- In the court order (either the foster-care order or an order assigning parental rights and responsibilities to a foster-parent);

- In a foster-care plan between the child's parent or guardian and the foster-parent;
- In any applicable provision of the Children's Act and its Regulations. For example, the Act indicates that a foster-parent is also considered to be a caregiver for a child. Thus, a foster-parent has all the rights and responsibilities of a caregiver under the Act including, for example, the right to consent to the foster-child's medical treatment or HIV testing.

The Children's Act (2005) describes the following rights and responsibilities for foster-parents are:

- To apply for the adoption of the foster-child and to be informed of any application to adopt the foster-child.
- To provide ongoing training and support from a social worker to enable the foster-parent to deal effectively with a foster-child and the child's biological parents.

In South Africa, the foster-care is governed by the government; hence, there are government policies that govern their daily operations. These are timeously amended to meet the needs and the interest of the child. So, even if the foster-care can have their policies, they get them from the government policies so that all these foster-cares in the country are run uniformly. These policies are particularly important as they are an instrument that is used in the foster-care to achieve multidimensional wellness of the children/teenagers placed in foster-care.

2.7 VARIED UNDERSTANDINGS OF THE CONCEPT WELLNESS

According to the World Health Organization (2020) wellness is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. On the other hand, The National Wellness Institute (2018) defined wellness as an active process through which people become aware of, and make choices toward, a more successful existence. In some ways, then, wellness is a method by which we can achieve complete physical, mental and social health. Murphey (2014:15) believed that wellness can be perceived as "a bank account that increases as deposits are made into the account and decreases with each withdrawal made in order to achieve goals and adapt to challenges". Furthermore, Murphey (2014:15) emphasised that wellness is a "conscious, self-directed, and evolving process of achieving full potential; it is multidimensional and holistic, encompassing lifestyle, mental, spiritual and the environment wellbeing; and it is positive and affirming". This, therefore, means that the teenagers (persons between 13 and 19 years

of age), need to be supported holistically, meaning that all the areas of development have to be attended to. McGregor and Goldsmith (1998:05) clarified the following terms: quality of life, standard of living and wellbeing as follows: "quality of life has to do with the perception of, and the level of satisfaction or confidence with, one's conditions, relationships and surroundings. Standard of living is the actual level of living being experienced. Wellbeing is the state of being 'well,' happy, healthy, or prosperous".

Kelly and Sarason (2000) argued that wellness is subjective, inherently has a value judgement about what wellness is and what it is not, and that an accurate clarification and measurement of the construct is difficult. Larson (1999:65) posited that the World Health Organization (WHO) was the first to introduce a holistic definition of health as "a state of complete physical, mental, and social wellbeing and not merely the absence of disease and infirmity". Dunn (1977) defined wellness as a positive state, one that is beyond simply non-sickness. This scholar detailed the interconnected nature of wellness of the mind, body and environment, which exist in a dynamic equilibrium as one tries to balance them. Dunn (1977) stated that the dimensions of wellness fluctuate as people make active choices moving toward or away from their maximum potential. WHO (1986:126) further clarified the concept, noting that to reach a state of health "an individual or a group must be able to realise aspirations and satisfy needs". In addition, Witmer and Sweeney (1992) explained wellness in terms of life tasks that include self-regulation, work, friendship, spirituality and love. Furthermore, Myers et al. (2005:76) described wellness as being "a way of life oriented toward optimal health and wellbeing in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community". O'Connell, Boat and Warner (2009) also noted that wellness is a lifelong process that produces a positive state of wellbeing; a dynamic process of change and growth. These scholars further affirmed that dimensions of wellness interact continuously, influencing and being influenced by one another. Individually and collectively, the wellness dimensions are associated with an enhanced quality and quantity of life.

The researcher can deduce from what has been mentioned above that wellness is not only the absence of sickness but a situation in which all the child's needs are met regardless of who meets the needs and how. For this study, multidimensional wellness was used to refer to the holistic wellness of the teenagers placed in foster-care. Since this study is inclusive, holistic wellness

means meeting the diverse needs of the learners whether social, emotional, financial, educational or physical. There is no one-size-fits-all towards achieving this; it is not only the role of the foster-carers in the drop-in centre but every stakeholder involved. That means involving the health sector, social workers for the social and emotional wellness aspect including counselling, educators for the career wellness as well as the government for the financial wellness, to mention just a few examples. This implies that once all, not only some, of the needs of the teenagers are met then the teenager will be well holistically. The researcher concurs with the definitions given that wellness does not means the absence of sickness but a journey towards attaining quality life. The fact that these teenagers are in drop-in centres is not an excuse: they have needs which must be met just like the needs of teenagers living with their biological parents. The teenagers in foster-care are normal human beings with all the potential but they have needs, meaning that they must be well and their needs must be met.

2.7.1 Holistic Wellness

Dimensions of wellness and wellbeing often tend to overlap. The eight dimensions of wellness include physical, social, emotional, intellectual, occupational or financial, and spiritual wellness. Social wellness pertains to how someone interacts with others while emotional wellness pertains to how they feel inside and intellectual wellness pertains to whether or not they meet their desired level of intellectual stimulation. Furthermore, occupational or financial wellness increases or decreases with someone's satisfaction with their job, as well as their financial standing and lastly, spiritual wellness pertains to finding meaning and purpose in one's life.

In the process of achieving or striving for holistic wellness (a journey, not an end-state), people come closer to satisfying their system of basic human needs. A need is something that is necessary in order to live a healthy life. Needs must be met or else something essential or important cannot be achieved. Any need that is not satisfied reveals human lack and compromises a desirable human condition.

Being well means more than not being sick; it encompasses all aspects (biological, physiological, intellectual, social, emotional, and spiritual) of functioning well in the world. It is believed that wellness is not adequately represented by a single continuum, with disease at one end and its absence at the other. Rather, wellness is better understood as a state that is influenced by two distinct dimensions: illness to no illness and struggling to flourish (Antaramian, Huebner, Hills & Valois, 2010). For a child, this might include expanding and deepening her engagement with the world around her; frequently experiencing joy, delight, and wonder; and having a sense of security and safety in her family and community (Moore & Lippman, 2005).

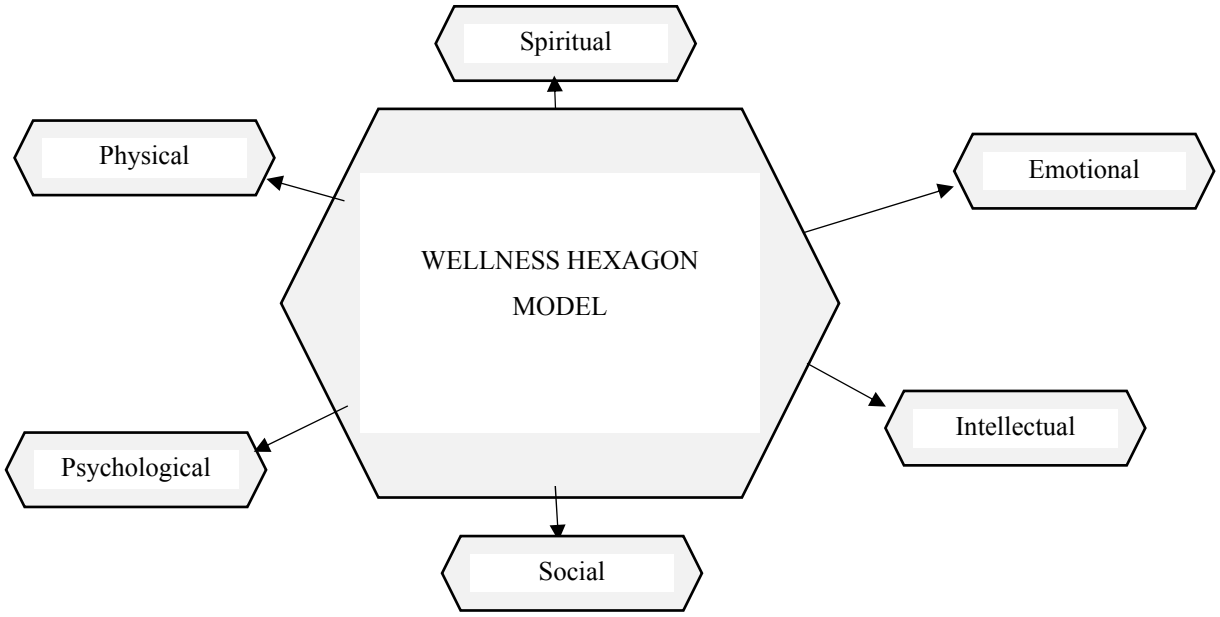

Figure 2.1: Wellness hexagon model

Source: (Hettler, 2008:67)

In his Six-Dimensional Model of Wellness, Hettler (2008) viewed it as an active process through which people become aware of, and make choices toward a more successful, positive and affirming existence. By applying his wellness hexagon model, individuals become aware of the interconnectedness of the six dimensions and of how they contribute to healthy living – as a pathway to optimal living, a positive approach to life.

Montague, Piazza, Peters, Eippert and Poggiali (2001) referred to this as *whole-person wellness,* which respects both the complexity of humanity and that people are multidimensional beings.

According to Cabrini College (2010:1), wellness is a choice: a decision you make to move towards optimal health.

- Wellness is a way of life: a balanced lifestyle you design to achieve your highest potential for wellbeing.
- Wellness is a process: an understanding that there is no end point, but health and happiness are possible in each and every moment.
- Wellness is the integration of body, mind, and soul: awareness that the choices we make in one area affect all others.

Wellness is multidimensional and covers a range of aspects of life. When human beings heed all of these, one can be said to be holistically well. None is important more than the other.

2.7.2 Whole Personal Wellness

Montague (2000) defined whole-person wellness as, "multidimensional, positive health leading to a satisfying quality of life and a sense of wellbeing – for individuals and for the community as a whole". Multidimensional refers to physical, spiritual, intellectual, vocational, social and emotional aspects of personhood and community life. The National Wellness Institute (2010) has developed a 6-dimensional model of health that helps a person understand:

- How he or she contributes to the environment and community, and how to build better living spaces and social networks;
- The enrichment of life through work, and its interconnectedness to living and playing;
- The development of belief systems and values, and creation of a worldview;
- The benefits of regular physical activity, healthy eating habits, strength, and vitality as well as personal responsibility, self-care, and when to seek medical attention;
- Self-esteem, self-control, and determination of a sense of direction; and
- The importance of creative and stimulating mental activities and sharing one's gifts with others.

Montague (2000) further lists the major attributes of whole-person wellness which are critical, namely:

- Personalised, relevant, respectful knowledge of each person;
- Realistic optimism and focus on strengths;
- Emphasis on wholeness, including integration, balance, and integrity;
- Self-efficacy, autonomy, and informed choices;
- Mindfulness and self-knowledge;
- Deep faith and inner direction; and
- A system for gradual, ongoing behavioural change.

According to Montague (1994), whole personal wellness comprises:

- the physical dimension promotes participation in activities for cardiovascular endurance, muscular strengthening and flexibility. This multifaceted dimension is relative to each person's abilities and disabilities. It promotes increased knowledge for achieving healthy lifestyle habits and discourages negative excessive behaviour. The physical dimension encourages participation in activities contributing to high-level wellness including personal, medical self-care and the appropriate use of the medical system.
- The emotional dimension emphasises an awareness and acceptance of one's feelings. It reflects the degree to which individuals feel positive and enthusiastic about themselves and life. This dimension involves the capacity to manage feelings and behaviours, accept oneself unconditionally, assess limitations, develop autonomy and cope with stress.
- The social dimension is humanistic, emphasising the creation and maintenance of healthy relationships. It enhances interdependence with others and nature and encourages the pursuit of harmony within the family. This dimension furthers positive contributions to one's human and physical environment for the common welfare of one's community.
- The spiritual dimension involves seeking meaning and purpose in human existence. It involves developing a strong sense of personal values and ethics. This dimension includes the development of an appreciation for the depth and expanse of life and natural forces that exist in the universe.
- The vocational dimension emphasises the process of determining and achieving personal and occupational interests through meaningful activities. It encourages goal setting for one's personal enrichment. This dimension is linked to the creation of a positive attitude about personal and professional development.

- The intellectual dimension promotes the use of one's mind to create a greater understanding and appreciation of oneself and others. It involves one's ability to think creatively and rationally. This dimension encourages individuals to expand their knowledge and skill base.

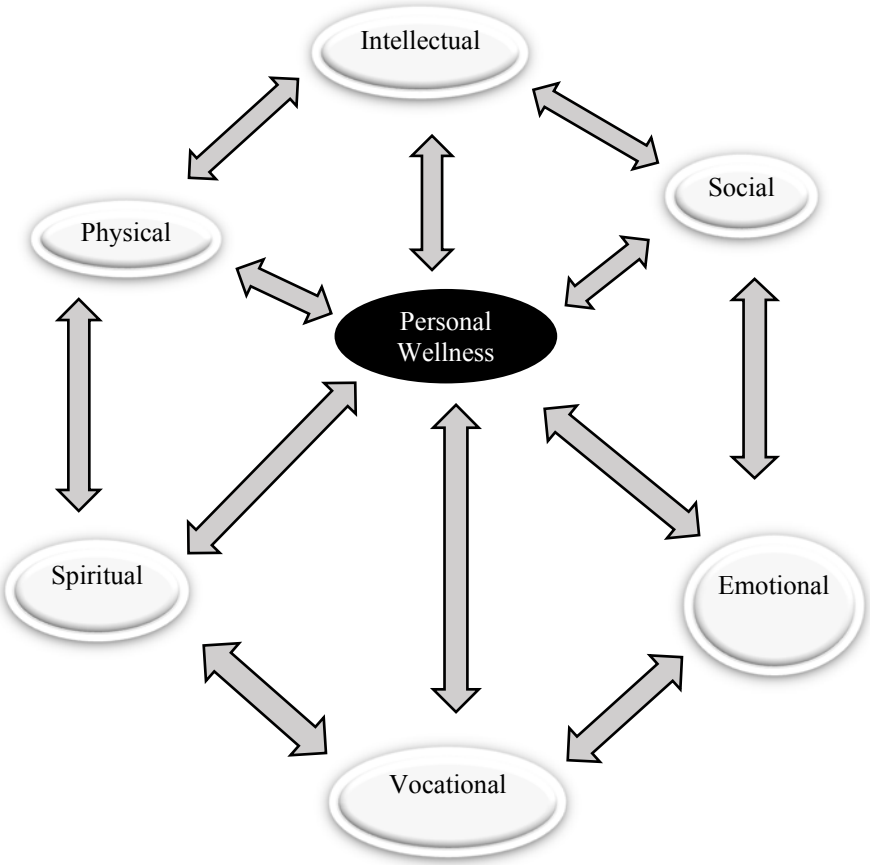

Figure 2.2: Whole-person wellness model

Source Montague (1994)

From the views presented above, wellness is a very broad concept and, in one way or the other, it does affect the people around you, either negatively or positively. There is foster-care today because there are children with needs which are not met and the failure to meet these needs may have a negative bearing or effect on the life of the child as he or she grows up.

2.8 THEORETICAL FRAMEWORK: HOW IS WELLNESS ACHIEVED?

Child wellness, according to O'Connell et al. (2009), is also achieved by the satisfaction of personal, collective, and relational needs of children and youth. These needs, in turn, are satisfied

by the presence of cogent values, adequate psychological and material resources, and effective programmes and policies. Wellness is a hierarchical concept in that the needs of the child are predicated on the satisfaction of needs of the family. Prilleltensky (2009:239) argued that the needs of the family, in turn, depend on community welfare, which is based largely on the level of social wellness. Likewise, Spurr (2009) described wellness as a system that is in a constant state of balance between the physical, spiritual, social and psychological developmental dimensions. Wellness is understood to encompass the aggregate of the developmental dimensions of life. These dimensions are active, constantly changing, and interrelated. Further, the dimensions assist adolescents to cope more effectively with imposing stressors from the external environment. The dimensions should not be considered in isolation. Neuman and Fawcett (2002) argued that these should rather be seen as part of the whole state of wellness.

Within each of the four main dimensions (physical, spiritual, psychological, and social), there are several important factors to assess when evaluating adolescent wellness. For example, the components of the physical development dimension include regular physical activity, healthy eating, body weight, and health habits, such as avoiding smoking, alcohol or drug use. Within the spirituality dimension, it is essential to assess adolescents' views of right and wrong together with their personal values and beliefs. The psychological development dimension includes a thorough investigation of self-esteem and self-concept. Lastly, an assessment of the social support dimension of wellness includes consideration of the adolescents' relationships with their families, school communities, and peers (Spurr, 2009). Adolescents need to develop in all four developmental dimensions to achieve holistic wellness.

Moreover, Adams (2003:56) outlined four main principles of wellness: 1) wellness as multidimensional; 2) wellness research and practice oriented toward identifying causes of wellness rather than causes of illness; 3) wellness as balance; and 4) wellness as relative, subjective, and perceptual.

The researcher argues that, based on the above discussion, there is a link between wellness and needs. This is because human needs must be met for a person to be well. The above discussion clearly states that needs comprise not only food and shelter, for instance, but there is a lot that the child has to be provided with for him to attain multidimensional wellness.

2.9 BASIC HUMAN NEEDS

Maslow's hierarchy of needs is one of the most popular and often cited theories of human motivation (Huitt, 2007). In his original conceptualisation, Maslow (1943, 1954) identified five levels of needs: physiological, safety and security, belongingness and love, esteem, and self-actualisation. Kaur (2013:1061-1064) explained the needs as follows:

- Physiological needs are the needs at the bottom of the triangle and include the lowest order and most basic needs. This includes the need to satisfy the fundamental biological drives such as food, air, water and shelter.
- Safety needs this occupies the second level of needs. Safety is the feeling people get when they know no harm will befall them, physically, mentally, or emotionally; security is the feeling people get when their fears and anxieties are low. Safety needs are activated after physiological needs are met. They refer to the need for a secure environment free from any threats or harm.
- Social needs: This represents the third level of needs. They are activated after safety needs are met. Social needs refer to the need to be affiliated that is (the needed to be loved and accepted by other people). Belongingness and love is a fundamental human motivation and the need to belong can provide a point of departure for understanding and integrating a great deal of the existing literature regarding human interpersonal behaviour. These needs are met through satisfactory relationships – relationships with family members, friends, peers, classmates, teachers, and other people with whom individuals interact. Satisfactory relationships imply acceptance by others.
- Esteem needs are the fourth level of needs. It includes the need for self-respect and approval of others. Once individuals have satisfactorily met their need for love and belonging, they can begin to develop positive feelings of self-worth and self-esteem, and act to foster pride in their work and in themselves as people. Before they can work toward self-esteem, however, they must feel safe, secure, and part of a group such as a class in school.
- Self-actualisation occupies the last level at the top of the triangle. This refers to the need to become all that one is capable of being and to develop one's fullest potential.

In 1971, Maslow added a sixth level beyond self-actualisation, that of self-transcendence, the need to connect with something beyond oneself. Maslow and Lowery (1998) added two more levels:

cognitive (the need to know and understand) and aesthetic (the need for beauty, symmetry and order). The original five-level hierarchy of needs model remains a definitive classical representation of human motivation; and the later adaptations serve best to illustrate aspects of self-actualisation, his original, fifth, highest order need. Only when the lower order needs of physical and emotional wellbeing are satisfied are people concerned with the higher-order needs of influence and personal development and growth. Conversely, if the things that satisfy the lower order needs are swept away, people are no longer immediately concerned about the maintenance of their higher-order needs. The lower four layers contain, what Maslow (1971) called deficiency or deprivation needs. If these needs are not met, the individual's wellbeing is compromised – security, food, shelter, personal safety, air and water, and emotional needs (connectedness) are all required for existence. The top four layers represent actualisation needs, in other words, the quest for knowledge leading to character development. When these needs are met, the person experiences a greater sense of wholeness and fullness as a human being. Achieving or striving for transcendence leads to deeper relationships with the unknown and the unknowable. People learn to connect to something beyond themselves, gaining wisdom and enlightenment. In terms of actualisation needs, behaviour, in this case, is not driven or motivated by deficiencies but rather by one's desire for personal growth and the need to become all the things that a person is capable of becoming.

Maslow (1971) posited that the two layers, deficiency and actualisation, are interrelated rather than sharply separated; however, his theory proposes that the lower level needs must be satisfied before higher-order needs can influence one's behaviour. Huitt (2007) reorganised Maslow's eight needs into three levels: (a) self-existence; (b) relatedness to others (personal identification with groups and significant others); and (c) growth (of self-knowledge, competencies, character and relationships to the unknown and unknowable). Maslow proposed that if people grew up in an environment in which their needs were not meet, they would be unlikely to function as healthy, well-adjusted individuals.

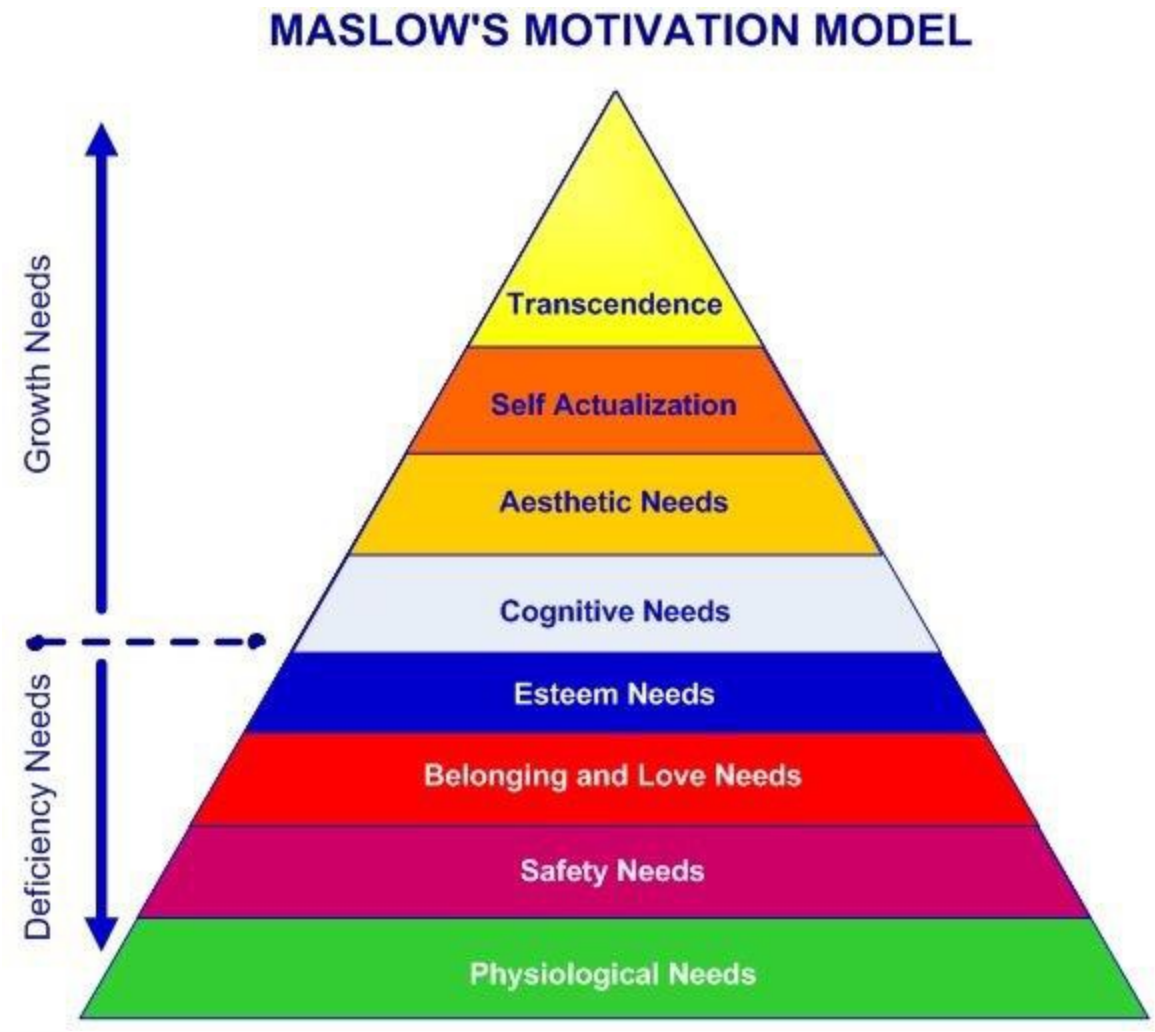

Figure 2.3: Maslow's eight-level hierarchy of needs

Adapted from Huitt (2007)

Fifty years after Maslow's theory was originally developed, Max-Neef (1991) tendered a taxonomy of nine human needs: subsistence, protection, affection, understanding, participation, idleness, creation, identity, and freedom. Furthermore, there may be a tenth need, transcendence, but he was not convinced that it is universal. There are four existential categories of human needs:(a) being (qualities), (b) having (things), (c) doing (actions), and (d) interacting (settings). Human needs, Max-Neef (1991) continued, are the same for all peoples; they are universal and constant through all human cultures and across historical time periods. What changes is *how* the needs are satisfied; hence, what is needed is a way for communities to identify their wealth or lack according to how their fundamental needs are to be satisfied.

Max-Neef's (1991) theory of human needs holds that everyone is faced with satisfying a *system of needs* that are interrelated, interdependent and interactive. Human beings do so through strategies that combine their qualities and attributes, things and material resources, and actions and agency in a variety of settings and contexts. Max-Neef's theory holds that all needs are equal and all must be met; how and to what extent is another matter. And, although the conception of *need* may vary radically between different people, cultures or different parts of the same society, there are some fundamental, basic needs that all humans must meet or else people and societies cannot survive and thrive.

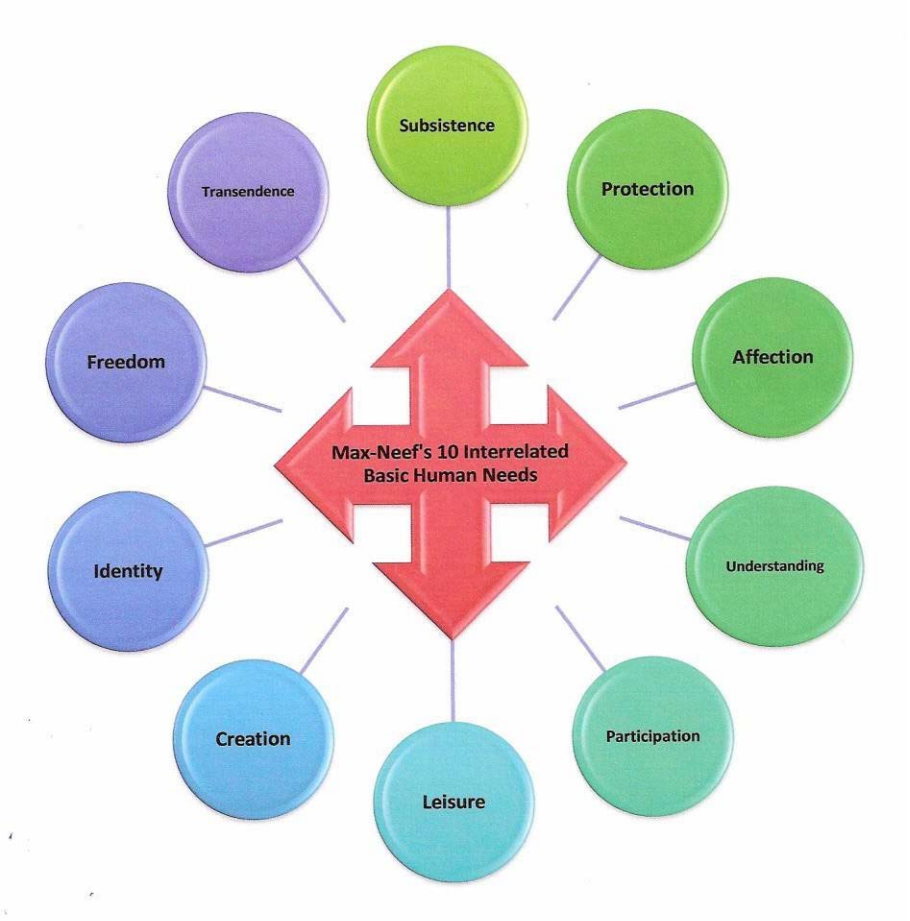

Figure 2.4: Max-Neef's ten interrelated basic human needs.

Source: McGregor (2010:7).

The wellness theories discussed above are similar in some features and different in others. They are about human needs and the importance of meeting these needs. These human needs are the same for all humans and they are all important, but what may differ may be the way(s) in which

they are met. While Max-Neef mentions ten needs, Maslow mentions eight. If the needs as presented by Max-Neef are all met, then wellness is achieved. In the same way, if Maslow's eight basic needs are met, then wellness is achieved. They both discuss holistic wellness but in different ways.

The researcher used Maslow's and Max-Neef's theoretical models as tools to find out if and how these needs are met in the sites to be used for this study. It can be argued that holistic wellness, that is, the comprehensive approach to addressing wellbeing and development, is achieved when all human needs are met. It is also worth mentioning here that every human being has needs with or without life challenges or experiences. The researcher used the human basic needs in Maslow's theory to find out if the needs are met. It must be stated here that these children are in the foster-care and have basic needs because they are humans. Part of giving support to these children is meeting their basic human needs. The researcher also used the needs in Max-Neef's theory which are being, having, doing and setting. Being as presented by Max-Neef was used to find out about the quality of life in foster-care and interactions were used to find out how all the people in the foster-care interact.

2.9 CHAPTER SUMMARY

This chapter described findings from literature on the provisioning of support to foster-care teenagers of school-going age: a multidimensional wellness perspective. The focus was on contextualising the meaning of foster-care, intentions of foster-care institutions and using literature to answer the research questions of the study. The chapter further focused on the theoretical framework adopted for this study, which is wellness, the varied understandings of the concept wellness, holistic wellness as well as whole-person wellness. Finally, the chapter gave an explanation of how wellness is achieved and then discussed human needs as presented by Maslow and Max-Neef. The next chapter focuses on the research design and methods.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

The chapter gives a description of the research design, the research paradigm as well as the research approach. It also gives a description of the population and sampling method that were adopted for this study. The researcher also shows how data was generated using a number of data collection instruments and data analysis methods were applied.. The chapter also touches on issues of validity and reliability for the quantitative part of the study and trustworthiness for the qualitative section, as well as the ethical considerations of the study. Finally, the limitations of the study are also discussed in this chapter**.**

3.2 RESEARCH PARADIGM

According to Lincoln, Lynham and Guba (2011) and Mertens (2010), a paradigm is defined as a basic set of beliefs that guide action while Morgan (2007) argued that a paradigm is an all-encompassing way of experiencing and thinking about the world, including beliefs about morals, values, and aesthetics. Krauss (2005:759) defined a paradigm as the "basic belief system or worldviews that guide the investigation". From these clarifications of what a research paradigm is, the researcher concludes that a research paradigm is a worldview or philosophy that guides our thinking.

According to Gorard and Taylor (2004), different paradigms reflect different underlying ontologies – that is, different philosophical assumptions about how the facts and principles that constitute knowledge are established, and how that knowledge can be obtained. Furthermore, Guba and Lincoln (1994:108) pointed out that different paradigms also reflect different epistemologies – that is, different philosophical assumptions about the relationship between the "knower or would-be knower and what can be known". Guba and Lincoln further argued that the ontological assumptions about the nature of knowledge underlying a paradigm impact the role of the researcher in obtaining knowledge because the paradigm within which a researcher works influences the way the researcher will investigate the world. Mertens (2005) believed that it is important to situate

research within a clearly explained research paradigm. The researcher understands that the paradigm guides the researcher in the pursuit of knowledge as the investigation proceeds.

Different researchers use different paradigms for their studies and the choice of the paradigm is guided by the research questions. For this study, the constructivist-interpretive paradigm was used. The reason for choosing this paradigm was that it assumes that there are many possible realities, no group values are wrong, and understandings are constructed by the researcher and research participants. Likewise, Denzin and Lincoln (2013:26-27) argued that the inquirer's voice is that of the "passionate participant" while Lincoln stated that the researcher is actively engaged in facilitating the "multi-voice" reconstruction of his or her own construction as well as of other participants. As a result, change is facilitated as reconstructions are formed and individuals are stimulated to act on them. Proponents of the constructivist paradigm as stated by McMillan and Schumacher (2014) propose that, instead of the single, independent reality proposed by the positivist paradigm, there are multiple, individual realities which people construct, both individually and collectively, by ascribing meanings to different aspects of their social environments. Mertens (2005) elaborated and argued that the methods used to access people's understandings of their social reality include observations and interviews, i.e., qualitative methods "designed to collect words". For this study, realities were constructed using observation, interviews, document analysis and a questionnaire.

The constructivist-interpretive paradigm was appropriate for this study because the researcher wanted to understand in context the views of foster-carers on teenagers' total wellness. Furthermore Creswell (2018) posited that with this paradigm, the researcher seeks to establish the meaning of a phenomenon from the views of participants, and this means identifying a culture-sharing group and studying how it develops shared patterns of behaviour over time (i.e., ethnography).

This concurs with what is mentioned by Mertens about the methods used in understanding social reality. Mertens (2005) believed that there are multiple realities constructed by humans who experience the phenomenon of interest (i.e., reality is socially constructed). This requires an ongoing interaction between the researcher and the subject(s) so that, as Guba and Lincoln (1994) explain, the findings are literally created as the investigation proceeds which is what the researcher intends to achieve as she interviewed the teenagers and the foster-carers with the sole aim of

determining the available support given to teenagers to meet their needs in foster-care. As Crabtree and Miller (1999, cited in Baxter (2008) reiterated, one of the advantages of this approach, however, is the close collaboration between the researcher and the participant, while enabling participants to tell their stories. Baxter and Jack (2008) further argued that through their stories, the participants tell their views of reality, and this enables the researcher to better understand their actions.

The constructivist-interpretivist paradigm differs from the positivist paradigm. According to McMillan and Schumacher (2014), the basic belief guiding positivists is that there is a single reality out there which is observable and understandable. Positivists believe that the social world can be isolated and be studied in the same way that physical scientist treat physical phenomena. This is because, according to Johnson and Onwuegbuzie (2004), positivists aim to test a theory or describe an experience through observation and measurement in order to predict and control forces that surround us. On the other hand, Searl (2015) argued that the generalisability assumption tells us that the results obtained from a research project conducted within the positivist paradigm on one context, should be applicable to other situations by inductive inferences. This, therefore, means that the positivist researcher should be able to observe occurrences in the particular phenomenon they have studied and be able to generalise about what can be expected elsewhere in the world. Likewise, Mertens (2005) argued that the fundamental assumption of this philosophy is that the scientific method is the best method to uncover the processes by which both physical and human events occur.

The strengths of the positivist approach, according to Guba and Lincoln (1994), lie in the methods traditionally associated with it: the controlled experimental designs, which allow relationships of cause-and-effect to be investigated; the objectivity that comes from the detached position of the researcher from the phenomena to be studied; and the statistical methods used for data analysis. The strictly controlled, manipulated experimental situations used in the positivist paradigm produce replicable results; these results can then be taken as laws, which explain phenomena. However, as Cohen et al. (2000) argued, behaviours of humans cannot be controlled and manipulated in ways required by the experimental designs associated with the positivist paradigm. Instead of the positivist view of human beings as people whose behaviour responds to

environmental factors in a cause-and-effect way, McMillan and Schumacher (2014) argued that many researchers believed that individuals construct their own views of reality.

To sum up, while constructivists say there is no single reality or truth and that there are multiple realities which need to be interpreted, positivists say there is a single reality which can be measured and known.

3.3 RESEARCH APPROACH

To address the research question of the study, the researcher used the concurrent mixed-methods approach (see 1.9). Creswell (2012) defined the convergent (or parallel or concurrent) mixed methods as a design that intends to collect both quantitative and qualitative data in one phase. The data is analysed separately and then compared and/or combined. For example, a researcher collects data through a survey and an interview at the same time and then analyses the data generated from each separately. Moreover, Creswell and Plano Clark (2011) further stated that researchers collect and analyse both qualitative and quantitative data simultaneously and in a rigorous manner which integrates the two forms of data. The way in which the data is combined depends upon the nature of the inquiry and the philosophical outlook of the person conducting the research. The concurrent mixed-methods approach involves the collection of both qualitative (open-ended) and quantitative (closed-ended) data in response to research question or hypotheses. Creswell (2012) further stated that it is a useful strategy to have a more complete understanding of research problems and questions, through comparing different perspectives drawn from quantitative and qualitative data. Supporting Creswell's view, Teddlie and Tashakkori (2009) pointed out that the mixed-methods research approach combines quantitative and qualitative strategies within one study, collects both numeric (numbers) data and narrative (words) data concurrently, or in sequence, and choose variables and units of analysis which are most appropriate for addressing the purpose of the study and finding answers to the research questions. The researcher understands concurrent mixed method approach as an approach that allows the researcher to collect qualitative and quantitative data at the same time, and then to analyse the data arising from each approach separately, followed by a synthesis of the finds from both approaches.

The researcher found the concurrent mixed-methods approach a relevant vehicle to explore ways in which teenagers in foster-care are supported and how their needs can be known and met. The

approach helped the researcher to provide comprehensive evidence for studying the research problem and by comparing the qualitative and quantitative data, the researcher was able to produce well validated conclusions. As stated here, qualitative, and quantitative methods complement each other when used in combination. Consequently, the mixed-methods research helped the researcher to expand the breadth and range of the investigation by using different methods for different inquiry components. The researcher was also guided by open-ended and non-directional research questions which are compatible with respect to the transformative-pragmatic paradigm. Furthermore, Onwuegbuzie and Leech (2006) describe concurrent mixed-methods research questions as open-ended and non-directional in nature, which both seek to discover, explore, or describe particular participants, settings, contexts, locations, events, incidents, activities, experiences, processes, and/or documents. Through this approach, the researcher understood the contradictions between the findings of the qualitative and quantitative data.

The researcher decided to use a mixed-methods approach in the study so that the data collected from one approach could be justified by the other since using one research approach might not be sufficient to determine the available support given to teenagers to meet their needs in foster-care. The impact of the support given in meeting the needs of teenagers in foster-care as well as establishing the views of foster-carers to teenagers' total wellness might not be determined by using a single approach. Moreover, the mixed-methods approach was appropriate in that it is advantageous in understanding contradictions between the quantitative results and the qualitative findings. By using the mixed-methods approach, the researcher ensured that the voices of the participants were heard, and the findings of the study were grounded in the participants' experiences.

3.4 RESEARCH DESIGN

According to Mouton (2001) and Punch (2005), research design refers to the plan of the research project. Similarly, McMillan and Schumacher (2014) affirmed that research design describes procedures for conducting the study, including when, from whom, and under what conditions the data will be obtained. Moreover, Burton and Bartlett (2005) added that it is important before the research is undertaken to create guidelines that will give order and direction and assist in maintaining focus. Burton and Bartlett agreed with Punch (2005) that research design details all the issues involved in planning and executing the project, from identifying the problem through to

reporting and publishing the results. The researcher can conclude by stating that research design is basically planning before the research is carried out.

This study focused on provisioning of support to school-going teenagers placed in foster-care in Mpumalanga province. The researcher used qualitative data to establish the views of foster-carers to teenagers' total wellness as well as the impact of the support given in meeting the needs of teenagers in foster-care while quantitative data was used to establish the views of foster-carers to teenager's total wellness.

3.5 DESCRIPTION OF THE POPULATION

McMillan and Schumacher (2014) defined a population as a group of elements or cases, whether individuals, objects or events that conform to specific criteria and to which a researcher intends to generalise the results of the research. Castillo (2009) stated that a research population is generally a well-defined collection of individuals or objects known to have similar characteristics while Best and Kahn (2006) stated that a population is a group of individuals, with at least one common characteristic that distinguishes that group from other individuals. For the purpose of this study, a population is defined a group of individuals with a common binding characteristic or trait. In this study, the population comprised teenagers and foster-carers in three foster-cares in the Elukwatini school district in Mpumalanga Province. The researcher used 63 participants in all. There were three coordinators and all three were women; 30 foster-carers of whom 26 were women and four were men. Lastly, there were 30 teenagers: 15 were boys and the 15 were girls.

It is important to select participants that represent the typical population from which the conclusions will be drawn (Cohen et al., 2011). The coordinators were involved since this is the highest office in the facility and it was assumed that they were better informed about the welfare of the teenagers in the facility. They are the door to the facility. The foster-parents or carers were participants because they acted as parents of these teenagers; so, the researcher was able to get information from the parents' perspective.

3.6 SAMPLE AND SAMPLING PROCEDURES

A sample, according to McMillan Schumacher (2014), is the group of subjects or participants from whom the data are collected. Put differently, sampling refers to the "process used to select a portion

of the population for a study" (Maree, 2011:79). Jones (2002) cautioned that the sample size depends on the purpose of the study in terms of what would be useful, what adds credibility and what is possible in terms of the time and resources available. Sample size is also dependent on the method of data collection used. The researcher defines a sample as part of a group or a portion of the population from which data is collected. For this study, purposive or purposeful sampling was used which is defined by McMillan Schumacher (2014) as the selection of elements from the population that will be knowledgeable about the topic of interest. Furthermore, Merriam (1998) adds that information-rich cases are selected who, according to Maree (2011), are selected because of some defining characteristics that make them holders of the data needed for the study. For this study, purposive sampling required using certain characteristics to identify participants from whom data will be collected.

Purposive sampling was used for the qualitative data. This is because the emphasis is on quality rather than quantity where the objective is not to maximise numbers but to become "saturated" with information on the topic (Padgett, 1998). Purposive sampling was used to select 33 participants. All foster-carers were participants, regardless of their work experience. The participants were selected because the researcher believed that they could answer questions that related to the life in the foster-care facilities. A representative sample of teenagers was selected from each facility using simple random sampling and through stratified sampling, the teenagers were selected and formed sub-groups or strata in terms of their ages that were 13–14, 15–16 and 17 years old. For the quantitative approach, non-probability sampling was used, which allowed the researcher to easily collect data.

3.6.1 Settings

The research sites for this study were three drop-in centres in Mpumalanga Province, South Africa. Two of them were in Nhlazatshe and the third one was in Lochiel. These drop-in centres catered for orphans, abused and or neglected children, HIV/AIDS victims, and vulnerable children. For the sake of confidentiality, they were coded as Home A, Home B and Home C.

3.6.2 Profiles of the Drop-in Centres

3.6.2.1 Home A

Home A is situated in a semi-urban area called Aramburg in Nhlazatshe, Elukwatini. This home is not far from the area's small town referred to as Ecrossini. There are 101 children, 48 boys and 53 girls. Their ages range between 7 and 17 years old. This home accepts all children of school-going age. Most of the children in this home are orphans; some single while others are double orphans and all of them are from the same community as the foster-carers. There is only one coordinator here, a woman, and 10 foster-carers. Of the 10 foster-carers, there is only one man and the rest are women.

3.6.2.2 Home B

Home B is situated in a semi-urban area called Nhlazatshe number 2 at Elukwatini quite a distance from Home A. There are 97 children here, 33 boys and 64 girls. Their ages range between and 7 and 17 years. Most of the children here are orphans and vulnerable children and all of them are from the community. There is only one coordinator here who is a woman and 10 foster-carers. Of the 10, only one is a man.

3.6.2.3 Home C

Home C is located in Lochiel in a semi-urban area. There are 100 children here and their ages range between 7 and 17 years. There are 65 girls and 35 boys. Children here are orphans and vulnerable. There is one coordinator here and 10 foster-carers. Of the 10, two are men and eight are women.

3.7 CHALLENGES EXPERIENCED

The researcher faced several challenges while carrying out this study. The first one was that, initially the researcher intended to carry out the study at the S.O.S Children's Village in the Kingdom of Eswatini but when the researcher went there to get permission, she was denied access, the reason being that the facility was not used for research purposes. The researcher had to find another research site but there was yet another challenge. The director of the second research site was willing, but the board denied the researcher access to the site. The reason for denying the

researcher permission to carry out the study was that other researchers had disclosed their findings in the local media and that tarnished the image of the sites. So, for that reason, they said that the board had resolved that their site would never be used for research purposes. That delayed the study until the researcher was advised to find sites in Mpumalanga. The researcher went to Nelspruit where she was given verbal agreement that she could carry out the study and then requested written permission. The researcher waited for almost two months until the managers stopped answering her calls, let alone her emails. That then forced the researcher to go and look for another site, this time at Elukwatini. The researcher found one on the first day and written permission was granted, except that it was handwritten, forcing the researcher to type it and go back so that it could be signed and stamped. Securing the other two was a struggle but finally she found them both in Elukwatini, and written permission was granted. Had it not been for the UNISA bursary and the support from the supervisor, the researcher would have withdrawn from the study.

Another challenge was that the coordinators were initially not comfortable about the interviews because they had had bad experiences with people who had come to the foster-carers with ulterior motives. The researcher had to reassure them time and again that she would not use their information for any other purpose but for the research purpose. As the researcher spent considerable time with them to gain their trust and the study continued smoothly.

3.8 RESEARCH INSTRUMENTS AND DATA COLLECTION INSTRUMENTS

Mixed-methods data collection strategies were used for this study. Creswell (2018) posits that mixed methods involve combining or integration of qualitative and quantitative research and data in a research study and qualitative data tends to be open-ended without predetermined responses while quantitative data usually includes closed-ended responses such as found on questionnaires. Triangulation was employed to validate one form of data with the other forms for comparison, or to address different types of questions as stated by Creswell and Plano Clark, (2007:118). In many cases, the same individuals provide both qualitative and quantitative data so that the data can be more easily compared. However, that was not the case with this study. The teenagers and the coordinators were interviewed while foster-carers completed a questionnaire.

3.8.1 Interviews

Data were collected using interviews. Kvale (1996) described qualitative research interviews as attempts to understand the world from the subject's point of view to unfold the meaning of people's experiences and uncover their lived world without demanding scientific explanations. In like manner, McMillan and Schumacher (2014:43) defined in-depth interviews as a conversation with a goal. The researcher's primary data collection method was in-depth, open-ended interviews, for which an interview guide that the researcher had prepared beforehand was used (refer to Appendix C for interview schedule for coordinators and Appendix G for interview schedule for teenagers). Qualitative data were gathered from responses to open-ended questions during the interviews. "One way to provide more structure than in the completely unstructured, informal conversational interview, while maintaining a relatively high degree of flexibility, is to use the interview guide strategy" (Rubin & Babbie, 2001:407). The use of the interview guide indicated that there was some structure to the interviews, even though they were treated as conversations. According to McMillan and Schumacher (2010), in-depth interviews use open-ended questions to obtain data from the participants and help in understanding how they construct meanings. According to Henning, Van Rensburg and Smit (2004), interviews facilitate interactions with participants in a face-to-face manner. Semi-structured in-depth interviews were used because of their flexibility and iterative nature, which favoured continuity over staged preparation and led to qualitative analysis. As noted by Mack et al. (2005), one reason for their popularity is that they allow for more ideas and questions to arise as an interview session progresses. Moreover, as stated by Babbie and Mouton (2008), in-depth interviews were highly effective in giving a human face to problems.

The interviews were conducted at different times for the teenagers but for the coordinators, all of them were in the morning and each interview lasted for about 45 minutes depending on the openness of the coordinator. The mornings were used for the coordinators because that was when they were free from attending to the needs of the teenagers. For an introduction, the researcher introduced herself to the participants, explaining what the study was about, describing the methods and reminding them of the ethical considerations (as discussed in the chapter). Participants were made aware that the information they were giving would be recorded. This introductory part was, however, not recorded. The researcher used a voice recorder to capture participants' responses to interview questions.

3.8.2 Document Analysis

Document analysis was also used to collect data. Documents from all three foster homes were reviewed. A document is something that we can read, and which relates to some aspect of the social world. Yin (2011) made it clear that document analysis was by nature very useful because documents contain a lot of detail. The following documents were studied:

- DSD (2017);
- Overview of foster-care system in South Africa (Parliament of the Republic of South Africa 2019);
- Policies guiding the running of the foster-care (refer to Appendix B).

The researcher obtained the first two documents online after reviewing the policies for running a foster-care. The researcher noticed that the policies for running the foster-care were the same for all the three homes and in all the three homes, these were written on charts and placed on the wall. The researcher asked why these were on the walls and, in all three homes, she was told that was so that the foster-carers remind themselves about them. The researcher noticed that the policies in the three homes focused more on the foster-carers, for instance, their duties, and their code of conduct. However, after reading the two other documents, the researcher found that the policies that were used in these homes were in line with DSD and the legislation governing the foster-care system in South Africa. The fact that the teenagers in all the three homes were kept within their communities and families is in line with the DSD. The researcher realised that the policies on the walls of the three homes were a simplified version of the DSD meant to provide the foster-carers with the basic guidelines. DSD (2017) clearly stated that the home community-based programme (HCBC) was a government intervention programme aimed at building a protective and caring environment for vulnerable children. Through HCBCs, the community caregivers or the carers are trained on how to deal with the orphans and vulnerable children. The policies on the walls did not mention any training but during the interviews, the coordinators did mention that they received occasional training from the DSD. It is stated in the overview of foster-care systems in South Africa (2019) that the purpose of the foster-care is:

(a) To protect and nurture children by providing a safe, healthy environment with positive support.

(b) To promote the goals of permanency planning, promoting family reunification, or connecting children to other safe and nurturing family relationships intended to last a lifetime.

(c) Respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity.

These were not explicitly stated in the policies in the three homes but as I read the mission statement, vision and objectives of the foster homes, the purpose of the foster-care as mentioned in the overview became clear.

The documents that were analysed showed that there were policies for running the foster-care homes. The government through the different key players ensured the smooth running, management, and administration of the foster-care homes. The foster-carers and the coordinators knew that they were accountable to the government of the country in all that they did in these homes.

3.8.3 Observation

Observation is a natural process where the researcher observes people and incidents at a point in time and makes judgements based on the observation (Koshy, 2005). Observation was employed as a way of finding answers to the research questions (Engelbrecht et al., 2003:17), as it offered a first-hand account of the situation under investigation. For McMillan and Schumacher (2006:273), it involves the researcher seeing and hearing things and recording what is observed, rather than relying on a subject's self-report or responses to questions and statements. McMillan and Schumacher (2006:439) further argued that when a researcher observes, there are nonverbal cues, such as facial expressions, gestures, tone of voice, body movement and other nonverbal social cues that provide information to the researcher.

For the purpose of this study, the researcher took the role of observer-participant. Gall et al. (2005) stated that in the observer-participant role, the researcher acts primarily as an observer, entering the setting only to gather data and interacting only casually and indirectly with individuals or groups while engaged in observation. (Refer to Appendix A for the observation schedule).

Observations were conducted on Mondays, Wednesdays, and Fridays for the whole day. Each foster-care was observed one day a week. Leedy and Ormrod (2010) argued that observations in

qualitative research are intentionally unstructured and free-flowing and this helps the researcher to take advantage of unforeseen data as they surface. The researcher used an observation schedule (Appendix A) to guide the observations and data obtained during observations were written up in the form of field notes (Patton, 2002). The researcher observed what was done in the home from the time the coordinator, foster-carers and teenagers arrived in the morning, what happened after the teenagers had left for school, what happened when the teenagers came back from school and how everyone left the home for the evening.

3.8.4 Questionnaires

Data were also generated through a questionnaire (Appendix H). The questionnaire was for the foster-carers and yielded quantitative data. A questionnaire has the advantage of obtaining data from a wider audience compared to interviews but has a disadvantage in that it cannot be customised to individuals as is possible with other methods of data collection. However, a questionnaire allows the researcher to collect a high number of usable answers from a large sample. The questionnaire had both closed and open-ended questions. The questionnaire was hand-delivered by the researcher to the foster-carers. The researcher provided guidance or assistance to the foster-carers as they completed it. Once they were through, the researcher collected the questionnaires given. This was done at all the three research sites.

3.9 VALIDITY, RELIABILITY AND TRUSTWORTHINESS

3.9.1 Validity

Validity is a ‘measure’ of the trustworthiness of the inferences drawn by researchers about constructs, that is, theoretical concepts or ideas, identified from the data (Mertens, 2005). Improving the validity or ‘truth-value’ of a study strengthens any inferences drawn by the researcher. Validity implies that the researcher wants to check whether the research project has a degree of credibility which can be confirmed by the researcher’s actions throughout the research process (Hesse-Biber, 2010). The following methods were used to improve the validity for this study:

3.9.1.1 Prolonged engagement in the field

According to Ely (1991), prolonged engagement in the field enhances validity through allowing researchers to better understand what they set out to study and improving the credibility of the inferences made. Fraenkel et al. (2012:459) maintained that remaining in the field for a long period of time contributes to greater "consistency over time with regard to what researchers are seeing or hearing". The researcher spent considerable time collecting data so that there could be better understanding of what was studied. In addition, Merriam (1998) recommended that repeated observations over an extended period of time can naturally enhance the validity of research data and findings. A period of three weeks was spent in the field by the researcher conducting the interviews in each of the three homes. Once the interviews were completed, the researcher then distributed the questionnaires to the carers to complete. The researcher waited for them to finish completing them.

3.9.1.2 Face validity

Instruments to be used are often presented to an expert in the field for what is known as face validation (Creswell, 2012; McMillan & Schumacher, 2010). As pointed out by Sanders and Mokuku (1994), face validation a method for establishing validity. Fraenkel et al. (2012) emphasised the importance of using someone for face validation who can "intelligently judge" the content and format of instruments. All instruments that were used in this study were face-validated by different people who checked the language used to avoid ambiguity, whether the items included in the instruments were arranged in a logical sequence, the comprehensiveness of the content, and whether the instruments elicited the data needed to answer the research questions. The layout of the questionnaires was also checked by an expert statistician because, as pointed out by Fraenkel et al. (2012), this could influence how easily the respondents read the questions.

3.9.1.3 Multiple instruments and methods

Fraenkel et al. (2012) posited that by giving voice to multiple perspectives within the study the credibility, dependability and confirmability of the study could further be strengthened. For this study, the researcher used a variety of data collection methods at each site (interviews, a questionnaire and document analysis) obtained from a range of sources (the teenagers, foster-carers, and coordinators of the sites). Furthermore, Denzil (1989) asserted that, to circumvent the

personal biases of investigators and overcome the deficiencies intrinsic to single-investigator, single-theory, or single-method study thus increasing the validity of the study, multiple repetitions of measurement over a long period of time, at different points of time, in different situations or settings and by different persons must be employed. The researcher spent some time in the field collecting data on different days at different times. However, Nunan (1999:60) acknowledged that "in much research this is not feasible, because a research team consisting of several members can be extremely expensive". However, he suggested that the researcher can ask the experienced participants to help him/her verify and confirm the findings in the data collection, analysis, and interpretations.

3.9.2 Reliability

Reliability in a research design is based on the assumption that there is a single reality and that studying it repeatedly will produce the same results. This is incongruent with qualitative, case study research. Rather, researchers seek to describe and explain the world through the eyes of the participants (Merriam, 2009).

3.9.3 Trustworthiness

In case study research, "much depends on the perspective of the researcher" (Fraenkel et al., 2012:458). It is therefore important to establish how believable the researcher's interpretations of participants' perceptions of social constructs are, to judge how credible the inferences drawn by the researcher are (Mertens, 2005). In order to ensure this, the researcher did member checking with the participants (teenagers and coordinators) to verify that the data accurately reflected their responses to the interviews. According to Creswell (2003), member checking is a method of determining the truthfulness and correctness of the data. The transcripts were read several times to verify whether all the information had been well captured. The researcher's reflexivity about how his or her own point of view might have compromised the findings was also checked (Hesse-Biber, 2010).

The participants were given an opportunity to share their own experiences and ideas on how their needs can be known and met in the foster-care. The researcher also acknowledged that there might

be some disagreement during the interviews. Thus, interactive communication was encouraged to assist in listening to and sharing these ideas to resolve the disagreements (Kvale, 2007).

3.9.4 Triangulation

Qualitative research may use a combination of documentary analysis, observation and in-depth interviews, to provide different angles on the phenomenon of day-care centres, or to corroborate an account with other sources of data. Creswell (2007) recommended triangulation as the use of several data sources and different method. The use of several data sources and different methods ensures that the information collected is trustworthy and dependable. The more agreement on different data sources on a particular issue, the more trustworthy the interpretation of the data (Patton, 2002). Therefore, triangulation was used as a strategy for improving the dependability of the research or evaluation of findings. The researcher compared the data from interviews with data obtained from observations and document analysis.

3.10 DATA ANALYSIS AND INTERPRETATION

3.10.1 Qualitative Analysis

According to De Vos et al. (2012:397), data analysis as the processes of bringing order, structure and meaning to the mass of collected data. While Cohen and Manion (2007) maintained that qualitative data analysis, involves organising, accounting for and making sense of the data in terms of the participants' definitions of the situation, noting patterns, themes, categories and regularities. Content refers to words, meanings, pictures, symbols, themes, or any message that can be communicated (Chen & Bryer, 2012; Merriam, 1998; Mouton, 2011).

Qualitative data was collected using individual interviews which were recorded using a voice recorder. Thematic analysis was used to develop the categories and themes with reference to the research questions and the central phenomenon of the study. The researcher listened to the recordings several times before the interviews were transcribed verbatim. Data that was recorded using languages other than English was translated into English. After transcribing, the data was read several times in order to understand and make sense of it. Data was identified according to units of meaning, grouped, labelled and organised in order to categorise and code it. The coded data was then assigned to themes and specific statements from participants that supported the

themes. The researcher obtained the assistance of another post-graduate student to check if the transcription were well done and also check the analysis of the qualitative data, more especially the interviews. The supervisor also checked the chapter and made comments which, once attended to, improved the correctness of the transcription as well as the analysis. Data from observation sessions was analysed separately using the observation guide and notes.

3.10.2 Quantitative Analysis

The questionnaire was analysed using SPSS which is a software program for analysing quantitative data. The quantitative questionnaires were distributed to all the foster-carers in the three homes. The completed questionnaires were studied and edited to verify if all questions were answered accurately and instructions were followed (Cohen, Manion & Morrison, 2007). The questionnaires were sent to an expert statistician who captured the data on an EXCEL spreadsheet and then the data was analysed using the SPSS (Version 22) software programme. The statistician supported the researcher with his skills on the quantitative data before the data was collected, by checking the data collection instrument and after the data collection instrument by analysing the data. The researcher interpreted the data with guidance from the statistician.

According to O'Connor (2016), SPSS is used because of the following advantages:

- It saves time: Import data with a few clicks. The Database Wizard guides through importation from many types of data sources, including spreadsheets and databases, without the need for modification or re-entry of data.
- It allows for comparison of data sets: Spreadsheet programmes cannot really do much when you have to compare data sets or data files to identify any discrepancies between them. In IBM SPSS Statistics, can do this by comparing the document metadata or case-by-case comparison of selected variables.
- Eliminate costly sorting errors: Spreadsheets are prone to sorting errors. SPSS Statistics, however, acts like a database and creates an ID for each record. This eliminates duplicate records and jumbled cases.
- Forget about formula errors: Spreadsheet functions depend on the user's math knowledge. At the same time, they make it very easy to copy a formula over needed data or create erroneous formulas when inserting rows or columns. In SPSS Statistics, there are no formulas to input.

And since SPSS Statistics separates the results from the data, are never in danger of corrupting results as you explore your data.

- Use advanced techniques, easily: business decisions need to be based on reliable data insights. SPSS Statistics has measures of significance that allow confident, actionable conclusions. Its broad array of analytical techniques lets drill down into the data to discover subtle relationships that a spreadsheet would never catch. IBM SPSS Stats Coach helps choose the right technique and understand what the results mean.
- Wow everyone with amazing visualisations, charts, and graphs: SPSS Statistics makes it easy to explore data visually with over 50+ built-in chart types to choose from. It goes beyond standard business charts with boxplots, bar charts, Pareto, heat maps, stem-and-leaf, and many more. Quickly create, edit, and customise charts and create tables in seconds with the easy drag-and-drop interface.
- Use English, not numeric code: SPSS Statistics has a spreadsheet-style Data Editor that shows you words (labels) in place of numeric values (such as 1 for male, 2 for female, etc.) while using the code to run calculations. No need to remember what the variable represents because it is right there in plain English.

However, this software also has disadvantages which are that it:

- does not support Structural Equation Modelling (by and large, an extension method of regression models based on covariance matrix).
- does not allows for simultaneous estimation of regression parameters and associations between independent (predictor) variables.
- does not provides model fit indices to evaluate how well data is represented.
- does not allows including latent traits without building composite scores or extracting factor regression scores (Von Stumm, Chamorro-Premuzic & Ackerman, 2011).

3.11 ETHICAL CONSIDERATIONS FOR THE STUDY

The word ethics stems from the Greek word *ethos*, which means personality or character (Rosnow & Rosenthal, 1999). It refers to the values by which a researcher assesses the character or the behaviour of people. To act ethically is to do good and avoid evil (Aurelius, 2013). Likewise, Rosnow and Rosenthal (1999:59) cautioned researchers that they are walking on "thin moral ice"

when they are doing research with human subjects because they are "constantly in danger of violating someone's basic rights, if only the right of privacy". Ethics emphasises the importance of guaranteeing participants' confidentiality as McMillan and Schumacher (2010:339) explained that guaranteeing confidentiality involves protecting participants' "confidences from other persons in the setting". Furthermore, Fraenkel et al. (2012:438) explained that guaranteeing confidentiality is a responsibility of researchers that any information supplied by participants will be used with discretion and not to "embarrass or harm them". Emphasis is on the importance of protecting participants' anonymity or privacy, which means that participants' identities will be protected so that the individual should not be identifiable as stated by Creswell (2012) and McMillan and Schumacher (2010). However, Fraenkel et al. (2012) argued that where researchers are unable to maintain participants' confidentiality and or anonymity, participants should be informed of this and informed or reminded that they can withdraw from the study.

The researcher obtained the ethics clearance certificate (Ref 2018/07/18/35605510/44/MC) from UNISA before data was collected (Appendix I). The researcher visited the sites where data would be collected before the actual data collection day(s). The purpose of carrying out the study was to find out how school-going teenagers are supported in foster-care, the main aspect of the study being the wellness perspective. The study will benefit the teenagers as well as the carers because they will realise that needs that are not met become an educational barrier to the teenagers. Not only the teenagers and the carers but also the administrators of the foster-care will realise that they have a role to play in the academic success of the teenagers. On the first day, the researcher had time with all the participants to explain to them what exactly would be done during the data collection. The participants were assured that all the information that they gave would remain confidential; if there were audio-recordings, no one would have access to that information except the researcher. Moreover, the information that they would give would be used only for this study. Their names would not be used for purposes of confidentiality and would not appear anywhere in the study. The researcher made all the participants aware of the fact that their participation was voluntary and they were free to withdraw if and when they felt the need to do so, as stated by Lincoln and Guba (2000). The participants must be assured of safety in participation and must be given assurance of privacy, confidentiality, anonymity and the principle of trust during the data collection phase. For this study, the researcher was careful with the choice of words and language used while at the site more especially because teenagers were also participants. This was done so

that that the work of the drop-in centres would continue to run smoothly after this study. Moreover, the researcher ensured that the participants knew the whole purpose of the study, that is, how it would help them in the end and also promised to give each of the homes a copy of the study upon completion for keeps because the participants have a right to the copy of the results of the study.

Creswell (2012) maintained that it is important to obtain such permission as a sign of respect for the site. It is important to make participants fully aware of the nature and purpose of their involvement in a study as it reduces the possibility of misunderstanding later (Fraenkel et al., 2012). The researcher ensured that the participants knew the whole purpose of the study and how it would help them in the end. Creswell (2012) pointed out that informing potential participants about the study could potentially display sensitivity on the researcher's part to the time and effort respondents would spend participating in the study. Once the participants were aware of what the study entailed and their rights, the researcher then obtained signed informed consent forms from them to proceed with the study. As Creswell (2012:149) explained, in this way, they "acknowledge the protection of their rights". For purposes of data analysis, consent was asked from the participants to audio-record the interviews.

3.14 CHAPTER SUMMARY

The chapter gave a description of the research design, the research paradigm as well as the research approach. It also gave a description of the population and sampling methods that were adopted for this study. The researcher also showed how evidence was assembled through the use of a number of data collection methods and analysis methods. The chapter also touched on issues of validity, reliability and trustworthiness as well as the ethical considerations of the study. Finally, the limitations of the study were discussed. The next chapter presents the findings.

CHAPTER 4

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the findings on the provisioning of support to school-going teenagers placed in foster-care: a multidimensional wellness perspective which was guided by the purpose of the study and research questions. A mixed-methods approach was used, meaning that, both qualitative and quantitative methods were used to generate data at the same time and both had equal weight (Creswell 2018). The aim and objectives (presented in Chapter 1, Section 1.6.1 and 1.6.2) of this study were the researcher's point of departure for this chapter.

The aim of this study was to:

- Explore the ways in which teenagers in foster-care are supported and how their needs can be known and met.

The objectives of the study were to:

- Determine the available support given to teenagers to meet their needs in foster-care.
- Investigate the impact of the support given in meeting the needs of teenagers in foster-care.
- Establish the views of foster-carers on teenagers' total wellness.
- Examine the current policies guiding the administration, management and provisioning of foster-care.

4.2 DESCRIPTION OF HOMES

The researcher named the three homes as described in Table 4.1 below

Table 4.1: Profile of the homes

Name of Home	Code	Location
Home A	HA	Mpumalanga
Home B	HB	Mpumalanga
Home C	HC	Mpumalanga

In the table above, HA for example, stands for Home A as stated in Section 3.7.1.

4.2.1 Observation

Observations were done in the three homes once a week for a month (see Appendix A for observation schedule). It must be stated here that these homes are in semi-urban areas in the Mpumalanga province.

4.2.1.1 Home A

In Home A, the gate was always closed. This is because there was a garden so they were preventing livestock from destroying the vegetables in the garden which was well taken care of with a variety of vegetables. The yard was always swept. There was a cooking area outside and that was where they cooked meals daily using an open fire. It was a challenge on rainy days. In the dining area, there were a few chairs and tables. On the walls, there were rules and procedures for running the home. There was also a duty roster for the foster-carers. All these were handwritten on charts; the centre had no computer, so everything was handwritten. There were also pictures of the children during their parties, during outings and even during gardening. Each morning, the foster-carers arrived as early as 5:00 to prepare breakfast for the children. All the foster-carers were from the community. At 6:00, breakfast was served and the children were checked to see if they were clean, with hair combed, shoes polished and uniform ironed. The children really liked this place and that was visible in their faces. The way they interacted with the foster-carers was like mother and son or daughter. The language used here was respectful. When they arrived in the morning, they greeted everyone, sat down, sang a gospel song, and one of the children read out a Bible verse for everyone; they prayed and then ate. During this time, the foster-carers were there too, having conversations with them. After eating, they washed their dishes for which water and soap were provided. They bade farewell and left for school after uniform inspection.

Once they left, the foster-carers got busy. Some cooked, others cleaned while others watered the garden. At twelve noon, they all came to the dining area to pray and thank God for the day. They also had one of them share from the word of God. It must be stated here that in this home all the foster-carers and the coordinator were born-again Christians. They strongly upheld Biblical principles. After this prayer session, they waited for the children to come back from school and like in the morning, they washed their hands, sat down pray and ate, then washed their dishes.

There was a separate room where they did their homework after which they went home. In this home, most of the children were teenagers who, rather than playing, sat and chatted amongst themselves before leaving. There was a visitors' book which every visitor had to sign when coming in. It asked the visitor specific questions. This is what happened daily at this home.

4.2.1.2 Home B

In Home B, the day also started at around 5:00. All the foster-carers were from the community. The foster-carers arrived to prepare breakfast. This home also had a gate but it was not always locked. The ground outside was rocky and the area was not open. This home was amongst homesteads. It was a house with a dining area, kitchen and a small office with a computer and a printer. Here most of the children were primary school children in the lower grades. There were only a few teenagers here, which is why (in my opinion), the foster-carers washed the children's uniforms every day after school. In the mornings, they ironed the uniforms and gave them to the children. They also served breakfast at 6:00 after which the children went to school. Uniform inspection was done here. The children just prayed for the food; they did not wash their dishes but the foster-carers washed them. There was no garden at this home. On the walls, there were a few poems and the rules and procedures for running the centre. Once the children left, the foster-carers started cleaning the centre and preparing lunch. Here they cooked in the kitchen using a wood stove. The children did not all come back to the home at the same time. The foster-carers dished up for those who arrived and did not wait until everyone was back. After eating, they assisted those with homework, then the children played. As they played, some foster-carers kept an eye on them because they could easily get hurt but they were not strict about the language of these children. The foster-carers interacted with the children and then the children went home.

4.2.1.3 Home C

In Home C, the day also started at 5:00. The foster-carers were from the community. The foster-carers prepared breakfast for the children. Breakfast was served at 06.00 after which the children went to school. There was a garden here, but it did not look nice; it was as if no one was responsible for it. The foster-carers got busy after the children had left for school. This home looked better than the other two. It had a proper nice-looking kitchen with gas stoves and big saucepans. There was an office, a computer and a printer. There was a big dining area with chairs and tables. There

were charts on the wall in the dining area with rules and procedures for running the home. After school, the children were served lunch, assisted with homework, then they played before going home. Some of the children did not always come for the meals; it appeared that they came when they felt like it. When the children were within the home, they talked amongst themselves and the foster-carers interacted with the children. The children looked happy and free with the foster-carers.

4.3 DESCRIPTION OF THE PARTICIPANTS (INTERVIEWEES)

The researcher used pseudo names(Section 3.13) for all the participants in the study; for gender, F was used for female participants and M for male participants and the homes were code H followed by A, B or C (3.7.1). In Table 4.2 below the coordinators are coded. Code C1 stands for coordinator, 1F stands for female: thus, the full code HAC1F stands for Home A Coordinator 1 who is a female.

Table 4.2: Coordinators' profile (pseudo names) (*)

Name *	Age	Gender	Home	Coordinator code	Full code
Cynthia Simelane	50+	F	HA	C1	HAC1F
Ruth Masango	20+	F	HB	C2	HBC2F
Octavia Zubuko	30+	F	HC	C3	HCC3F

In Table 4.3 below, the teenagers have been coded according to the home: HA referring to home A, T1 stands for teenager 1; M under gender stands for male while F stands for female; thus HAT1M stands for Home A Teenager 1 Male.

Table 4.3: Profiles and codes for the teenagers in the homes

Home code	Teenagers' code	Gender	Age	Code
HA	T1	M	16	HAT1M
HA	T2	M	15	HAT2M
HA	T3	M	14	HAT3M
HA	T4	F	14	HAT4F
HA	T5	F	13	HAT5F
HA	T6	F	15	HAT6F

Home code	Teenagers' code	Gender	Age	Code
HA	T7	F	16	HAT7F
HA	T8	F	15	HAT8F
HA	T9	M	13	HAT9M
HA	T10	M	14	HAT10M
HB	T11	F	11	HBT11F
HB	T12	F	14	HBT12F
HB	T13	F	12	HBT13F
HB	T14	F	12	HBT14F
HB	T15	F	14	HBT15F
HB	T16	M	12	BHT16M
HB	T17	M	13	HBT17M
HB	T18	M	12	HBT18M
HB	T19	M	15	HBT19M
HB	T20	M	11	HBT20M
HC	T21	M	16	HCT21M
HC	T22	M	11	HCT22M
HC	T23	M	16	HCT23M
HC	T24	M	15	HCT24M
HC	T25	F	14	HCT25F
HC	T26	F	12	HCT26F
HC	T27	F	11	HCT27F
HC	T28	F	12	HCT28F
HC	T29	F	12	HCT29F
HC	T30	M	15	HCT30M

4.4 PRESENTATION OF THE THEMES THAT EMERGED FROM THE QUALITATIVE DATA

After the data was collected, interview data were transcribed verbatim from the recorder into a word document. The transcripts were read to identify themes based on the research questions and research objectives(see Section 1.6.1 and 1.6.2).The analysis of interview transcripts were based on inductive approach geared to identifying patterns in the data by means of thematic codes.

Table 4.4: Themes and sub-themes from carers' interview transcripts

Themes	**Sub-themes**
(a) Teenagers are supported to meet their needs in the centre	• Teenagers are provided with food daily • Teenagers are provided with school uniform and are assisted with homework • Those without birth certificates get from with the assistance from the home
(b) Foster-care collaborate with the relevant stakeholders	• Social department help us in cases beyond the centre • We take teenagers to hospital with the consent of parent/ guardian • If there is no food back home the centre provides the food then parent/guardian cooks
(c) The support given to the teenagers is very effective	• We support children who are orphans and we know them because they are from the community • We support every child here even those who come here only for meals • We support every child in every way he or she may need help
(d) Foster-carers clearly understand the wellness of the teenagers	• Foster-carers got training on psychosocial support so they know and understand wellness of teenagers • Corporal punishment not used here • Conflicts resolved peacefully
(e) Policies guiding the running of the foster-care are necessary and important	• Policies guide us on what to do • We remind ourselves each time we have meeting

From the interviews with the teenagers, the following main themes emerged.

Table 4.5: Themes and sub-themes from teenagers' interview transcripts

Themes	**Sub-themes**
(a) Teenagers recommend the home because of the manner in which their needs are met;	• This place feels like home (N=23) • We don't have the challenges that some of our friends have (N=15) • Our friends also want to come here because of the way we are taken care of here (N=15) • It's different here and better than home (N=10) • I'm so happy here (N=12)
(b) The support given to teenagers is very effective as they refer to the home, a home away from home	• I will tell my children about this home, how it was so good (N=10) • As boys we are taught to respect and value girls and not abuse them (N=15) • As girls we are taught to dress decently so that we don't tempt men to rape us (N=15)
(c) Teenagers are proud of belonging to the home	• Home has made me a better person (N=18) • Here our birthdays are celebrated (N=30) • Once a year we have an outing to nice places (N=30)
(d) Teenagers have a very good relationship with the foster-carers, they call them their mothers not aunts	• The foster-carers are so good to us, we talk about everything to them, they are so open to us (N=20) • They really love us (N=15) • We girls are always provided with sanitary towels(N=10)

Themes	Sub-themes
	• We go to school clean every day because they check us before we leave (N=17)
(e) Teenagers are happy with the policies in the home because they have moulded their characters	• All homes have rules even at school so we need the rules even here (N=15) • Policies shape our daily lives (N=10) • Rules can be improved if there is a need (N=5)

4.4.1 Available Support Given to Teenagers to Meet Their Needs in Foster- Care

4.4.1.1 Basic needs

When asked the question, how are the teenagers supported in the foster-care, the responses were as follows.

HAC1 F responded: *The foster-care provides the teenagers with breakfast, lunch, and food parcels for child-headed families. Caregivers visit the child-headed families three times a week to clean, wash and cook for them.*

HBC2F responded and said: *We cook for them daily, twice a day. We give food parcels for the child-headed families. Caregivers visit them at home and provide help where it is needed.We also wash, iron and polish for them to make sure that they go to school clean.*

HCC3F responded and said: *We provide them with food, clothes and blankets.*

The homes provide the teenagers with food, clothing and the caregivers visit child-headed families to provide necessary help**.**

4.4.1.2 Education

The foster-care also supports the teenagers academically as gathered from the elaboration in response to the same question asked.

HAC1F said: *We provide them with school uniform, check them to see if they are clean and presentable for school daily and help them with their home work if they need assistance. We also help them get identity documents and birth certificates*

The response for HBC2 F was no different from that of HAC1F as she said: *We also provide uniforms, we also make sure that their uniforms are clean, they have ironed, combed their hair and polished their shoes. We provide shoe polish if they do not have we also visit their schools to see and monitor their progress and also to know if they are problems they are facing at school. After school we help them do their homework. We intervene if there is a conflict at home which affects the teenager at school. We also help them get birth certificates and identity documents*

The response for HCC3F was: *We provide them with school uniforms and help them with their homework and if there is a need we get them birth certificates because at school they want the children to have them.*

The homes support the teenagers academically as they ensure home work is done, teenagers are clean and presentable before they go to school daily. The teenagers are also assisted to get birth certificates and identity documents.

4.4.1.3 Life skills and social skills

The coordinators also highlighted that the teenagers are also taught life and social skills in the homes. This was in their response to the question: is there leisure time given to the teenagers?

HAC1F said: *Yes, we take them for outings twice a year to celebrate their birthdays where we have the whole day out there. They also have time to be taught life skills daily like gardening and whatever lesson agreed upon for that day.*

HBC2F also responded and was in line with HAC1F's response and said: *Yes and it is enough more especially when schools are closed. We also teach them life skills like gardening and lesson on issues relevant to them*

HCC3F's response also concurred with the HAC1F and HBC2F since she said: *They play for 45 minutes then they go home. We also teach them life skills like gardening and give them life lessons.*

Teenagers' social skills are improved as they are given time to socialise, in this case, playing time. They also get life skills from the homes.

4.4.1.4 Not all needs are met because of lack of resources

The coordinators were asked if the foster-care accommodates the diverse backgrounds and needs of the teenagers and how exactly. This is how the coordinators responded:

HAC1F said: *No because we don't have funding, we rely on donations from the big shops around. We ask for clothes from the community. We pay rent, this place is not ours and municipality also wants us to pay for the services provided like water. This is in spite of the fact that we don't have funding There are things we wish to do for the teenagers, but we do not have what it takes to do that.*

The response for HBC2F as not exactly the same as the one for HAC1F. Her response was: '*Yes, in this foster-care there are care givers or foster-carers. Each one is responsible for twenty children (not only the teenagers). So it is her responsibility to support the children under her care. If there is a need which she cannot support, the foster-carer has to then report it to the coordinator.'' Our challenge here is that we pay rent but we wish to have a place of our own, we also have a challenge of water shortage here, we also do not have a fixed funder. That makes it impossible for us to support the teenagers fully because of these aforementioned challenges.*

However, the response to the same question by HCC3F was totally different from HAC1F and HBC2F above: *Foster-carers help the children according to their needs and we do not have any challenge here.*

The coordinators were aware of the diverse needs of the teenagers under their care but the failed to meet all of them because they did not have the resources.

4.4.1.5 Foster-carers collaborate with relevant stakeholders

Teenagers placed in foster-care are from diverse backgrounds and their needs are diverse (as mentioned in Chapter 2). It is impossible for the foster-carers to support the needs of the teenagers all by themselves, there is a need to collaborate (as mentioned in Chapter 2) as a means of meeting the needs of the teenagers.

The coordinators were asked how the support the teenagers when they are sick and this was the response:

HAC1F responded and said: *With the consent of the parent or guardian we refer the teenager to the hospital or clinic but it does not end there. We make a follow up on whether the teenager got assistance. We make follow up until the teenager is well and back to the foster-care. If there is medication we monitor the administration of the medication.*

HBC2F said that: *The home never takes a child to the clinic or hospital without telling the parents or guardian. We are a home here not a hospital so parents have to allow the home to take the child to the hospital. From the hospital, the foster-carers have to monitor if the child is taking medication accordingly*.

HCC3F's response was: *It depends on the child, for some we take them to the clinic but for others the guardian takes them to the hospital. Our role is to observe the child and if she or he looks sick, medical help must be provided until the child is fine.*

Coordinators are aware of the fact that, there are services that they cannot provide at the home so they need hospitals and clinics for the health aspect of the teenagers.

4.4.1.6 Collaboration with the Department of Social Development

The foster-care works very closely with the DSD, and the foster-care gets some support from the DSD in the form of the services provided. It is known that social workers do not have homes of safety for the children under them so they place them in foster-care. Moreover, foster-carers have boundaries or limits which social workers do not have. Social workers have the mandate to take issues affecting the child as far as the courts of the country yet foster-carers cannot.

The coordinators were asked how they support teenagers to meet their needs and this is how they responded:

HBC2F said: *We also help them get birth certificates and identity documents through collaboration with the Social Department. Moreover, there are some challenges that the teenagers face and we have difficulty addressing them we then we refer those issue to the social workers who then address them.*

HCC3F added on what HBC2F said: *We also help them get birth certificates, those who do not have them through collaboration with the Social Department and where we have a problem we write a letter to the social department.*

HAC1F said: *We closely work with the Social Department and they help us in so many ways like when there are challenges that the teenagers face and we feel we cannot handle, we refer those to the Social Department. The department also assists us as we help the teenagers to get birth certificates and identity documents.*

The coordinators work with the Social Department to meet some of the needs of the teenagers like birth certificates and identity documents.

4.4.1.7 Collaboration with guardian /parents

In inclusive education, parents/guardians are not excluded from the life of the child. Because they are very important stakeholders, their consent is imperative at all times on issues affecting their children. The three coordinators were asked how they supported the teenagers to meet their needs and this is how they responded:

HAC1F said: *If there is no food back home, the foster-carers bring the food as well as cook the available food in these homes. The parents/ guardians said they must be given just 30 minutes after eating to play or have extra lessons then go home and we can't keep them here against the instruction of the parents or guardian.*

HBC2F added on what HAC1F said: *We also intervene where there are family problems affecting the children. We also expect the parents to come and register his or her child to avoid problems of taking these children without the consent of their parents.*

HCC3F also added on what HAC1F and HBC2F said: *We advise the parents on what is best for the child and then the carers do just that, the best interest of the child.*

The parent or guardian are not shut out of the lives of the teenagers in the Home, their voices are heard.

4.4.1.8 Teenagers have a sense of belonging in the home

The teenagers were asked how their basic needs were taken to consideration in the Home and this is how they responded:

All the participants said that their basic needs were taken into consideration. This they said because in the foster-care they received food, shelter, clothing, and education and medical care. The teenagers said that the foster-care provides them two meals a day which is breakfast and lunch which is served after school.

The teenagers were asked if there is a sense of belonging in the Home and they said that they do feel that they belong to the Home because they are taken care of and at all times, efforts are made to meet all their needs. The foster-carers try by all means to make them feel happy.

HAT3M said: *I do feel that I belong here because all my problems are solved here by the carers and that makes me feel like I am no longer an orphan.*

HCT21M, HBT15F, HAT8F and HBT11F said exactly the same words: *Yes, they make us feel at home because the foster-carers love and care for us.*

Being loved and well taken care of makes one have a sense of belonging. The foster-carers do not fake loving these children; they really love all the children in the home like their own children and their grandchildren, back home. This is evident in the way these teenagers greeted and bade farewell to the foster-carers when they arrived and when they left the home as well as the reception the teenagers received from the foster-carers. The teenagers received more than food here. When the teenagers said all their problems were attended to at the home, they meant it. Even though it may not have been perfect but it was far better than nothing.

4.4.1.9 Teenagers can recommend the foster-care to other teenagers

When the teenagers were asked if they would recommend the home to other teenagers, they responded that the teenagers who have the same life challenges as theirs also wished to join the home because they could see that the teenagers in the home were now different than those who were not in the home. The teenagers said that other teenagers just asked them a few questions about the home but they really wished to also belong to the home.

Here are some of the responses:

HCT24M said: *Yes, already some children want to join us here because they see we are happy here.*

HBT14F said: *Yes because some of my school mates and friends have problems and challenges back home so they want to come here so that they can get the help that we also get here.*

HAT5F said: *Yes because they do a lot of things for us here like birthdays and the trips while our families fail to do these things for us.*

The teenagers liked the home because their problems and life challenges were now someone else's problems. The teenagers felt that they could once more be children, no longer having to worry about many things. It was on those grounds that the teenagers recommended the homes to other teenagers.

4.4.2 Questionnaire by Foster-Carers

For this part of the presentation, statistics will be used. Data was gathered using a survey (see Appendix D for questionnaire).The data was then analysed using SPSS. These are abbreviations which were used in this part of the presentation: the mean (M) which also means average; and standard deviation (SD) which is a number used to tell how measurements for a group are spread out from the mean. A low SD means that most of the numbers are close to the average while a high SD means that the numbers are more spread out.

Means and standard deviations were used to indicate available support to teenagers. A mean cut-off point of 3.5 was used to decide whether support to teenagers is available or not. Mean values that were 3.5 and above indicated that the support is available and mean value less than 3.5 indicated that support is not available. The computation of the mean cut-off point was determined using the formula as presented below:

$$Mean\ cut\ off\ point = \frac{Summation\ of\ the\ rating\ scale\ values}{No.of\ the\ rating\ scale\ values}$$

$$= \frac{1+2+3+4+5+6}{6} = 3.5$$

The numbers above, 1+2+3+4+5+6 was the rating scale used in the questionnaire. (See Appendix 1E). If one adds all of them then divides by six, it gives one the cut-off point. (Cut-off point is a criterion to determine the extent of agreement of disagreement).

4.4.2.1 Demographics

For this study, there were 30 participants (see Appendix 1 Section D). Figure 4.1 below shows that the respondents in this study were mostly women. Out of the 30 respondents, 26 were women (n=26, 86.7%) and there were only 4 men (HAFC1M, HBFC12M, HBFC18M and HCFC23M) (n=4, 13.3%).

4.4.2.1.1 Gender

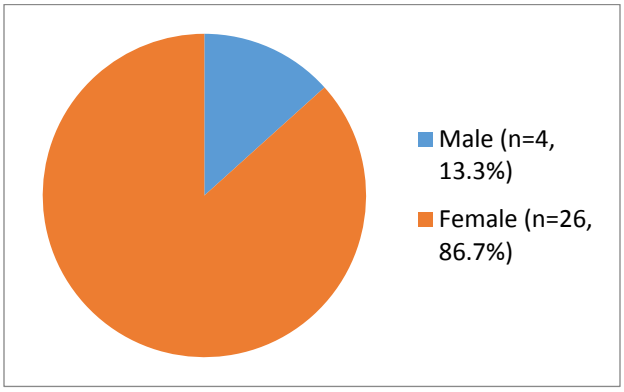

Figure 4.1: Gender of the respondents

4.4.2.1.2 Age

Figure 4.2 below presents the age of the respondents in the study. Most of the respondents were aged between 51 and 61 years (n=13, 43.3%). Only 6 (see Appendix D) were younger than 30 years (n=6). The others (see Appendix D) participants were between 31 and 40 years (n=11).

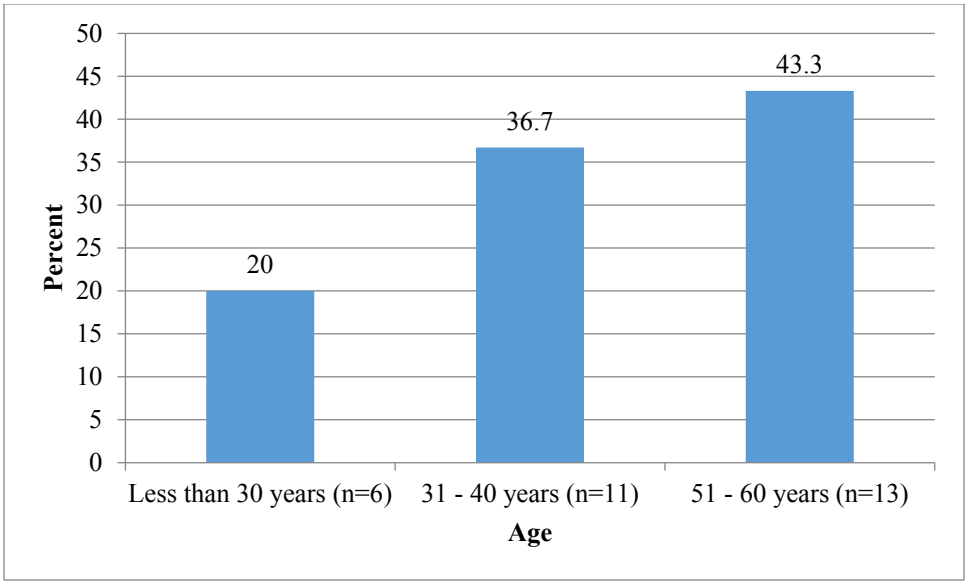

Figure 4.2: Age of the respondents

4.4.2.2 Available support

Table 4.6 is about the available support that is given to teenagers. Findings in Table 4.6 show that all the thirty respondents agreed that there is support given to teenagers placed in foster-care. The available support includes support given to teenagers like food, clothing and toiletries (M=5.97, SD=0.19); allowing teenagers to interact amongst themselves (M=5.93, SD=0.25); allowing teenagers to play (M=5.93, SD=0.37); having clearly defined lines of communication (M=5.93, SD=0.37); teenagers health being a priority each and every moment (M=5.73, SD=0.64). Above that, there are efforts to know the teenagers (M=5.67, SD=0.48); the wellbeing of the teenagers is also promoted (M =5.60, SD=0.77); openness amongst the teenagers is also encouraged (M=5.57, SD=0.82).

Table 4.6: Available support given to teenagers to meet their needs in the home

	Mean	Std. Deviation
Support teenagers in foster -care	5.97	0.19
Interaction among teenagers encouraged	5.93	0.25
Teenagers allowed to play	5.93	0.37
Lines of communication clearly defined	5.93	0.25
Healthy priority each and every moment	5.73	0.64
Efforts to know teenagers	5.67	0.48

	Mean	Std. Deviation
Wellbeing among teenagers promoted	5.60	0.77
Openness encouraged	5.57	0.82
Health care facility provided	5.10	1.09
Support given to teenagers satisfactory	4.28	2.42
Balanced meals served	4.20	2.37
Visits are allowed	3.70	2.28

Note: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Agree, 6=Strongly Agree

Cut-off: ≥3.5=available; ≤3.5=not available

Respondents unanimously agreed that there was support given to the teenagers placed in the homes in different ways as teenagers were allowed to play, openness was encouraged and there was an effort to know the teenagers.

4.4.2.3 Needs and support of teenagers

Table 4.7 below is about the needs and support of teenagers in the homes. Findings in Table 4.7 show that respondents are aware of the teenagers needs like counselling (M=6.00, SD=0.00); financial support (M=6.00, SD=0.00); spiritual support (M=6.00 SD=0.00); emotional support, (M=6.00, SD=0.00); guidance (M=6.00, SD=0.00); playing, (M=6.00, SD=0.00); education (M=6.00, SD=0.00); food (M=6.00, SD=0.00); clothing (M=6.00 SD=0.00); parental love (M=6.00, SD=0.00). Teenagers also need a homely environment (M=6.00, SD=0.00).

Table 4.7: Needs and support of teenagers

	Mean	Std. Deviation
Financial support is ideal for teenager needs	6.00	0.00
Counselling is ideal support for teenagers	6.00	0.00
Teenagers need spiritual support	6.00	0.00
Teenagers need emotional support	6.00	0.00
Teenage need to play	6.00	0.00
Teenage need guidance	6.00	0.00
Teenage need education	6.00	0.00
Teenage need food	6.00	0.00
Teenagers need clothing	6.00	0.00
Parental love is needed	6.00	0.00
Teenage family environment	6.00	0.00

	Mean	Std. Deviation
Teenage to make friends	5.97	0.18
Teenagers need educational support	5.90	0.55
Teenage need home	5.33	0.96

Note: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Agree, 6=Strongly Agree

Cut-off: ≥3.5=needs and supported; ≤3.5=needs and supported

The respondents agreed that the teenagers in the homes had basic human needs just like any other human being. The teenagers needed food, clothing, education, a home and guidance.

4.4.3 Impact of the Support Given in Meeting the Needs of Teenagers in Foster-Care

4.4.3.1 The support given to the teenagers is very effective

The teenagers came to be in the homes because of different reasons. The responses by HAC1F, HBC2F and HCC3F to the questions asked about the effectiveness of the support that they give to the teenagers indicates that, the support is there and it's effective.

4.4.3.2 Teenagers have a say in the placement.

No one enjoys to be placed against his or her will. The teenagers are happy in the foster-care because they are also happy with the placement. When asked the question about the criteria they used to identify the needs of teenagers before placement, the participants responded differently for example:

HAC1F said: *We know the homes in the community and we know children who are in need. We help needy children and in most instances these are orphans from our community and they are close to the foster-care.*

Unlike HAC1F, HBC2F responded differently by saying: *We accept every child that comes here because some come for meals only while others need homework assistance.*

HCC3F responded almost the same as HBC2F. She said: *We choose them according to their years, as long as they are close to the foster-care we accept them. We support any child who is needy.*

The coordinators were also asked the question, 'do the teenagers have a say in their placement?' The responses were:

HAC1F said: *No, we accept children whose guardians allow them to be registered here.*

HBC2F elaborated and said: *Yes, we do not take care of a child who does not want to. The children are not forced to belong here they must want to belong here.*

HCC3F said: *We accept every child who comes here seeking for some help*

Either the teenager or the parent or guardian must want their child to belong to the home.

4.4.3.3 Foster-care is better in caring for teenagers

It is natural to want to feel loved, whether or not one faces challenges in life. Life circumstances does not make one lesser of a human being. Taking the teenagers to the Home creates the hope that it will be a better place than their homesteads and families. When asked the question, in what ways can you say the foster-care is better in caring for the teenagers? This is how the coordinators responded:

HAC1F said: *There was high crime rate in this community because of the need for food. Ever since the teenagers started having meals here, crime rate is close to zero, even their physical appearance has improved. They are also now having good morals. They are also taught life skills daily before they go home. Yes there are carers who are ever ready to listen to what the teenagers have to say. They sit down with the children, listen to their problems and try to work out the solution together*

HBC2F added to what HAC1F said: *The children mingle and make friends with each other and they have someone to talk to like the foster-carers since some of the children cannot openly talk to their parents on issues affecting them. Our relationship with these children is a good one. They become our friends so we are able to listen to them and help or assist them if need be. We do talk with them and they are open to us.*

HCC3F said: *We provide them with what they need but only what we have, if they want something we don't have we collaborate with other stakeholders so that they get the desired help. There are also life skills lesson daily on different topics. We have the time to listen to them, we talk with them and they are free to talk to us as compared to their parents or guardian.*

The good relationship between the teenagers and the foster-carers was also observed by the researcher. The teenagers were very open to the foster-carers and there is no tension between the two. The openness was evident in the way the two parties interacted.

4.4.3.4 Home away from home

Teenagers are children whether or not they face challenges in life and they are still growing up. They have needs which must be met in spite of the life circumstances. Foster-cares are expected to meet these needs of teenagers that are placed in the home for a balanced life style.

4.4.3.5 Teenagers are supported in different ways in the foster-care

The teenagers were asked how their needs were met in the foster-care and this is how they responded:

HAT7F said: *We get food, uniform, clothes, food parcels, sanitary towels, blankets, they do all that we need.*

HCT24M gave more information and said: *They help us when we have problems back home and bring peace with our relatives.*

HBT17B added different information and said: *They solve problems we face that family members fail to solve like getting for me a birth certificate that they want at school.*

HAT4F responded differently and said: *I don't have a brother and I don't know how it is to grow up with a brother but ever since I came to be part of this home; I have brothers, not one brother. Here we are taught that we are brothers and sisters.*

HCT20M responded and said: *Some of us, we do have parents but because of their problems we can't be with them yet we are their children. So, this place becomes our home. Some of us, we do have family houses but no elders to take care of us or we have grandparents, so the foster-carers come home with food parcels and see how things are here at home. If there is a problem here at home, they make an effort to solve it.*

The teenagers came to be part of the home because there are things that they lacked for their lives to be complete. The teenagers do have needs but they vary from one child to the other, although

they are generally the basic human needs. From the responses of the teenagers, they received what families and relatives could not do for them.

4.4.3.6 Friends want to belong to the homes

The teenagers were also asked how their peers viewed them knowing they are placed in the homes; this is how they responded:

HBT18M said: *Our friends from school and community envy us. They now want to belong to the home because they see the difference in us just in appearance.*

HAT9M said: *Coming to this home really changed me, I am no longer worried about my problems, and for instance, I know I have food awaiting me daily. The things I hoped for as a teenager I have them now and I am schooling. This is why the other children also want to come here now.*

HCT28F added more information and said: *At school, we look like the other children. We are in no way different unlike before we came to the home, poverty is no longer written everywhere on us.*

HBM16M also responded and said: *My friends want to come here because I tell them that there is a lot of food here all the time so they now want to come to the home so that they can eat.*

The responses by the following teenagers differed from the others.

HCT30M said: *My friends from the community don't want to come here because they say we work too much. My friends have a problems with things that will make them to stand on their own in the future.*

HBT19M added more information and said: *In the home, even if you are a boy, you wash your plate after eating, no one washes it for you, not even the carers. We also do gardening here and we eat the vegetables ourselves. So, what is a problem to my friends about belonging to the home is not a problem to me at all. I think my friends are just lazy that is why they do not see anything good from the home.*

The fact that some peers now envied these teenagers indicated that the home had an impact on the lives of the teenagers. Moreover, the fact that the teenagers realised that they needed to work to

get food; for example, gardening. The skill can in no way be taken from the teenagers as it will benefit them for as long as they live. What looks like a problem to their peers outside the homes was not a problem to them at all. That showed how appreciative these teenagers were.

4.4.3.7 Effectiveness of support

Means and standard deviations were used to indicate available support to teenagers.

A mean cut-off point of 3.5 was used to decide whether support to teenagers was available or not. Mean values that were 3.5 and above indicated that the support was available and a mean value of less than 3.5 indicated that it was not available (as mentioned earlier).

Table 4.8 below is about the effectiveness of the support given to teenagers in the homes. Findings in Table 4.8 show that respondents attested that the support given to teenagers is effective. This is because the support given provides solutions to teenagers' emotional problems (M=6.00, SD=0.00), awareness of teenage pregnancy is facilitated (M=5.97, SD=0.18); mental health of the teenagers is a priority (M=5.83, SD=0.91). Moreover, teenagers are educated about the dangers of drugs and substance abuse (M=5.80, SD=0.76) and there are workshops for foster-carers on how to meet the needs of the teenagers (M=5.60, SD=1.19).

Table 4.8: The impact of support given to teenagers placed in the home: a wellness perspective.

	Mean	**Std. Deviation**
Support provide solution to emotional problems	6.00	0.00
Awareness of teenage pregnancy is facilitated	5.97	0.18
Mental health of teenagers apriority	5.83	0.91
Teenagers are educated about dangers of drugs and substance abuse	5.80	0.76
Workshops facilitated to meet needs of teenagers	5.60	1.19
Emotional support provided	5.50	0.57
Needs for teenagers met	4.17	2.31
Financial security of teenager met	3.20	2.35

Note: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Agree, 6=Strongly Agree.

Cut-off: ≥3.5=supported; ≤3.5=not supported

Respondents agreed that the support given to teenagers was effective as teenagers were taught about the dangers of drugs and substance abuse, foster-carers attended workshops on how to meet the needs of the teenagers and teenagers received emotional support.

4.4.4 Teenagers' Total Wellness is Foster-Carers Responsibility

4.4.4.1 Foster-carers clearly understand that the wellness of the teenagers is a priority

The foster-carers are at the forefront of supporting the needs of the teenagers in the homes and they are aware of the fact that the wellness of the teenagers is a priority (as stated in Chapter 3). It is their sole responsibility. The coordinators were asked how the homes ensured the wellness of teenagers and this is how the coordinators responded. The responses for HAC1F and HBC2F were almost similar.

HAC1F said: *Foster-carers got training on psychosocial support so they know the wellness of the child is a priority'. Moreover, both, that is, the foster-carers and the teenagers have rights and both do not have to violate each other's rights. Carers have to love and respect the children and children have to respect carers as their parents. By mere observation, I can easily tell if there is a problem then I have to solve it.*

HBC2F said: *The foster-carers were all trained on psychosocial support so they make sure that the child is well. The wellness of the child is a priority I have to ensure that they relate well at all times.*

However, the response of HCC3F to the same question differed as it focused on the health aspect. *Their health is a priority, if the child needs medical attention we talk with the parent or guardian before taking the child to the clinic/hospital. I have to make sure that the two relate very well.*

Coordinators were asked how conflict between foster-carers and teenagers was addressed and this is how they responded.

HAC1F said: *Teenagers are not beaten here. For every wrong that they do, they are suspended, say they miss two days' meals and it works because food is a necessity.*

HBC2F said: *If there is a conflict between the child and the caregiver, I intervene. Foster-carers are not allowed to beat or shout at the teenagers but use only positive discipline.*

The response by HCC3F was totally different from HAC1F in that she did not clearly state the form of discipline used and she did not mention how she intervened as coordinator.

HCC3F said: *I first have to get both sides of the story before I intervene.*

The coordinators had to intervene if and when there was conflict between the teenagers and the foster-carers. Positive discipline was the only disciplinary measure used in the homes.

4.4.4.2 Foster-carers needs are not met yet they have to meet teenagers' needs

It is easier to meet someone else's needs if your needs are also met; however, that is not the case in these homes, the foster-carers always have to have a smile on their faces even though they also have needs which are not met (see Chapter 3). They did not vent their frustrations on the teenagers. As you see them moving up and down busy in the foster-care, one would never know their challenges because they always portrayed a good face. When the coordinators were asked how the needs of the foster-carers were met, their responses differed.

HAC1F said: *No, they are not paid. If we get a lot of donations, we share them then we have something to share with our families. Somehow, it's voluntary work.*

However, the responses of HBC2F and HCC3F differed from HAC1F.

HBC2F said: *Yes they are paid, they get stipend.*

HCC3F said: *Yes they get their stipend monthly.*

The coordinators were aware of the fact that the foster-carers also had needs. Based on the nature of the work of the foster-carers, one would expect better incentives for them but that was not so in these homes. The absence of the incentives did not, however, deter the foster-carers from doing what was right for the teenagers under their care.

HBT19M added more and said: *As a boy, I was taught here that the girls that are here are my sisters. I must respect them and they also teach us to be content in life.*

The teenagers were not only provided meals in the home but also taught life lessons in the home which benefited them both now and for the future. They knew the dangers of drug and substance abuse, teenage pregnancy and bullying.

4.4.4.3 Teenagers are proud of belonging to the home

Sense of belonging is important for every human being, not only for teenagers. If the teenagers feel they belong in the foster-care, then it means the support given is truly effective**.**

4.4.4.3.1 Teenagers realise that the home has moulded or shaped their character

The teenagers were asked how being in the foster-care has made them better people and they said that their character has been moulded. They were taught what is morally acceptable. Moreover, the home tried to give them a balanced life as they are also taught about God and life skills.

HAT6F said: *I am really proud of this home and I will tell my children about it. Up until now I am abstaining because of the teachings that I get here. I was taught that sex can wait. It makes me feel so proud of myself and my body.*

4.4.4.3.2 Teenagers have a very good relationship with the foster-carers; they call them their mothers not aunts

The key players in any home are the foster-carers because they are concerned with the welfare of the teenagers, they are the face of the Home. It is for that reason that the foster-carers and the teenagers should relate very well. If the relationship between the two is not good, the teenagers can opt for an alternative place and there is just no ways in which the teenagers can fake the relationship as it affects them directly.

4.4.4.3.3 Teenagers feel the motherly love from the foster-carers

The teenagers were asked how the foster-care makes them enjoy being there and they responded and said that the foster-carers loved them as if they were their biological children and that they really felt the love. The teenagers said that even when they were wrong, the foster-carers corrected them with love. The foster-carers and the teenagers had such a bond that they missed each other when they were not together.

HCT29F said: *The carers buy us balls; we play; they bring all of us together to show our skills; they look after us and they make sure that we are safe.*

HCT22M said: *The carers are so open to us, we talk to them about anything, and I prefer telling them my problem and not any other person because I know my secret is safe with the carers.*

HBT15F said: *The carers love us; they make us happy; they make me to enjoy life because I am well taken care of; there is always food here; they make sure we don't fight.*

The foster-carers understood the huge role they had to play in the home. They were the ones who interacted with the teenagers most of the time. It is because of the carers' love and care that the teenagers loved the Home.

4.4.4.3.4 Teenager's needs are a priority to the foster-carers

The teenagers were also asked how their needs are met in the foster-care and they responded and said that, once they told the carers about their needs, the carers made sure the teenagers got what they needed. They even said at times, it may not be as good as they expected but they appreciated the fact that the carers always tried to assist them. They even said that there was no problem without a solution to the carers.

HCT22M said: *Here we get all that we want, we get food, clothing, even though the clothes are not always new.*

HBT19M said: *We get education because we get uniforms here; we do homework here with help if we need it and even polish our shoes and comb our hair here.*

HAT5F said: *As girls, we always have sanitary towels each month. Whatever problem that we have, the carers listen the help us.*

HAT1M said: *They can tell if you have a problem, they just see you then call you and talk to you and this is because they don't want us to be worried*

The teenagers were happy with the way foster-carers take care of them and it seems that they were aware of the fact that some of their needs cannot be perfectly met but the teenagers appreciate the little that is given. *I must protect girls and not bully them I was also taught that as a boy I must be clean at all times and not have long nails. In my family no one ever told me that.*

HAT8F also added more information and said: *Being here has made me a better girl. I was taught here that I must not tempt men to rape me by wearing miniskirts. I was taught that I must protect them; even male teachers at school were taught to respect all elders whether I know them or not.*

HAT4 added and said: *They teach us about dangers of teenage pregnancy and drug and substance abuse as well as life skills and life lessons. Some of them we need them at this stage of growing up.*

4.4.4.3.5 Perception towards teenagers' wellness

Table 4.9 reflects the perceptions of foster-carers about teenager's wellness. Findings in Table 4.9 show that respondents have a positive perception towards the teenager's wellness. Teenagers appreciate the support that is given (M=6.00, SD=0.00); a balanced lifestyle is assured to the teenagers (M=6.00, SD=0.00); teenagers' rights are not violated (M=6.00, SD=0.00); teenagers have needs and they must be met (M=6.00, SD=0.00); teenagers' behaviour is motivated by desire for personal growth (M=6.00, SD=0.00); and teenagers are well taken care of in the foster-care (M=6.00, SD=0.00). Moreover, the wellness of the teenagers is conscious and self-directed (M=5.97, SD=0.18); the foster-care is ideal for the teenagers' wellness (M=5.93, SD=0.37); and the changes in the environment enables the teenagers to be optimistic (M=5.87, SD=0.57).

Table 4.9: Perceptions of foster-carers on teenagers' wellness

	Mean	**Std. Deviation**
Teenagers appreciate support given	6.00	0.00
A balance lifestyle is assured to the teenagers	6.00	0.00
Teenagers' rights not violated	6.00	0.00
Teenagers have needs to be met	6.00	0.00
Teenager behaviour is motivated by desire for personal growth	6.00	0.00
Teenager well taken care of in the foster-care	6.00	0.00
Wellness of teenagers conscious and self-directed	5.97	0.18
Centre located in accessible areas	5.93	0.25
Foster-care is ideal for teenager wellness	5.93	0.37
There is collaboration with relevant stakeholder	5.90	0.40
Changes in the environment enables teenagers to be optimistic	5.87	0.57
Teenager behaviour motivated by deficiencies	5.80	0.41
Teenager needs are not a barrier to education	5.70	0.65
Foster-care well equipped to meet teenager needs	3.80	2.17

Note: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Agree, 6=Strongly Agree.

Cut-off: ≥3.5=positive perception; ≤3.5=negative perception

The foster-carers had a positive perception on the teenagers' wellness as they helped the teenagers to achieve a balanced lifestyle, teenagers' needs were not a barrier to their education and teenagers were well taken care of in the homes.

4.4.5 Policies Guiding the Administration, Management and Provisioning of Foster-Care

4.4.5.1 There are policies guiding the administration and management of the foster-care

The coordinators were asked if the homes had policies guiding the administration and management of the foster-care and how the policies impacted on the daily running of the foster-care.

HAC1F responded by saying: *We remind ourselves each time we are in meetings. Policies make working very easier; there is progress because of the policies.*

HBC2F added more clarity on the home's policies by saying: *We have meetings once a month to remind each other about them, they are also on the wall for one to remind herself about them so that we do what we have to do. They make peace, progress and respecting one another. They help us not to look down on each other.*

Likewise HCC3F added more valuable information not mentioned by HAC1F and HBC2F, by indicating that: *We manage because there is a disciplinary committee which has to discipline any one deserving it. Before signing the contract, one has to read and understand the policies. If you don't understand, someone will explain them to you. Once you sign you have to follow all the policies because they guide us on the way of doing things in the foster-care.*

The homes had order because the policies acted as guidelines for running the homes. These impacted the foster-carers as they were expected to know the policies and adhere to them and failure to do so had negative consequences.

4.4.5.2 Teenagers are happy with the policies in the foster-care because they have moulded their characters

The society in which we live in is governed by policies or rules (rules were easily understood by the teenagers compared to policies; hence the word 'rules' was used frequently and at times both words were used interchangeably). These are necessary as long as they are not used as a tool or instrument of oppression. In life, people have jobs in different places, and there are rules or policies

that have to be followed there. In churches and schools and in the different homes, there are policies. So, these were not new to the teenagers since rules are found everywhere.

4.4.5.3 Teenagers realise that the policies are necessary for guidance

The teenagers were asked if there were policies in the homes and how they affected them. They said that there were rules everywhere and they gave directions, telling you what to do and what not to do. The teenagers said the rules were not a problem to them.

HCT23M said: *Yes they help us to know what to do and not to do.*

HAT10M said: *Yes they shape our lives daily.*

HBT15F said: *Yes, we know what to do, when and how to do it because of the policies.*

Teenagers knew that rules were there even at the schools the teenagers attended and, as a result, they are not negatively affected by them. They also felt that policies are necessary as they are guidelines.

4.4.5.4 Teenagers feel that these policies help them to accept policies in different places

The teenagers were asked how the policies impacted on their daily lives and they also responded and said that there were things that they did daily and such things were easy because of the policies; for example, things like going to school clean, being punctual and using polite language, to mention just a few examples.

HAT1M said: *There are rules even at school as well as here and we have learned that we need them almost everywhere.*

HCT22M said: *Different places also have policies just like at school which we have to follow as here*.

The teenagers did not have a problem with the rules because they had learned that rules were everywhere.

4.4.5.5 Teenagers perceive a need to improve the policies

When the teenagers were asked how they would change or improve the policies, their responses differed. Some felt that the rules need not be change but could be improved, while others felt that the rules must not be changed at all.

HAT10M said: *We do not have a problem with the policies here we don't wish to change them but given a chance we can ask for improvements in the kitchen. We wish to have an electricity stove so that the foster-carers can easily cook for us on rainy days.*

HBT19M said: *We also wish to have a big house so that we don't take turns to eat because of the small dining area. We also wish to have big pots so that we eat until we are full.*

HAT8F and HBT17M added more and both said the same words: *We also wish that the home has meals for us on weekends and during holidays because we really have no food besides the food we get here.*

HBT20M said: *There must be a big house and a flushing toilet which will not smell. We also want the rocks to be removed or we move to another place without too much rocks on the yard so that we play freely.*

HCT21M differed and said: *We are happy here and we do not want to change or improve the rules here.*

The responses from the teenagers indicated that the homes had some challenges which even the teenagers are aware of. From the challenges, the teenagers wish to have improved services in the Home to their advantage. From the observation by the researcher, what the teenagers are saying is true, these challenges are there. The houses in the two homes are not big enough. The unavailability of meals on weekends and school holidays was a concern that was also voiced out by the coordinators.

4.4.5.6 The foster-carers agreed that there were policies guiding the administration of the homes.

They mentioned policies like respecting each other, respecting all the children in the centre and strict confidentiality. These policies were important so that they were displayed on the walls in the homes for all the homes to adhere to. The foster-carers adhered to them daily.

The foster-carers also agreed that there were policies guiding the management of the homes. They mentioned that they needed to know the reasons for visits. Every visitor's intentions must be known as well as where they came from. The foster-carers did this to ensure the safety of all the children under their care. Moreover, they did this to prevent people from using information about the homes to secure funding or sponsors for their own use.

The foster-carers unanimously agreed that the homes did not have policies currently guiding provisioning of resources. The homes relied on donors, and they allowed anyone who wished to assist them to do so. This is because the need for resources in the homes was very high as they had a large number of children under their care.

4.5 CHAPTER SUMMARY

In this chapter the researcher presented the findings of the data from the qualitative and quantitative data. The respondents who participated in the interviews were three coordinators from the three homes, 30 teenagers and 30 foster-carers.

Mixed-methods research was the best approach for this study because different participants were asked to answer different questions and that resulted in broader, deeper and more useful rich information. Moreover, mixed methods assisted the researcher as it increased the reliability and credibility of the findings through the triangulation of the different responses. The next chapter provides a discussion of the findings.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter discusses the findings that emerged from the generated data as presented in Chapter 4 of this study. The findings revealed that teenagers are supported in the drop-in centres in different ways and the foster-carers are concerned about the wellness of the teenagers in the drop-in centres.

5.2 SUPPORT GIVEN TO TEENAGERS IN THE FOSTER-CARE

From the findings (see Chapter 4), there is excellent support provided to the teenagers in the drop-in centres. The support given is discussed in the following sections.

5.2.1 Basic Needs

Findings from the generated data proved that teenagers placed in drop-in centres have needs that are no different from the needs of ordinary teenagers. When the coordinators were asked how they supported the teenagers in the drop-in centres, they mentioned that they provided them with food, clothing, sanitary towels for the girls, emotional support, and medical support, which meant taking them to the hospital when they were sick, visiting their schools and helping them with homework (see Section 4.4.1.2). For the child-headed families, the foster-carers would visit the homes to check whether all was well and, if there were problems, they could then meet the evident need (see Section 4.4.1.1). In research done by Delport (2007), it was obvious that foster-parents and the foster-children had specific needs, and findings from the current study proved this to be true. Maslow's hierarchy of needs is universal; however, the core needs of children in foster-care do not seem to have been researched in the international literature, because they may be similar to those of other children. This is also true because the teenagers in this study mentioned that their friends and school mates wished to belong to the drop-in centre so that their needs could also be met (see Section 4.4.1.9). The researcher believes that this is so because the school friends noticed that their friends placed in drop-in centres were not struggling like them. What seemed to differentiate children in drop-in centres from other children were the ways in which their needs are satisfied, and the high number of challenges they encounter (see Section 4.4.1.4). What happens

in the drop-in centres is in line with what the Child Care Act (RSA, 1983, Section 214) says about drop-in centres, namely, that these are facilities that provide basic services to meet the emotional, physical and social development needs of vulnerable children. Basic services are food, homework support, laundry and personal hygiene (see Section 4.4.1.4).. The use of community members as foster-parents is an advantage to the child in the sense that, since all are from the same communities, the foster-carers know the background of the child, so the child will get the appropriate support.

The teenager's health is a priority as well as their wellness (see Section 4.4.3.1). The teenagers placed in drop-in centres are children just like other children and the foster-carers have to take care of them. According to Section 28 of South Africa's Bill of Rights, every child has the right to basic nutrition, shelter, health care and social services, and being placed in foster-care is not an excuse for violating their rights. The teenagers in this type of foster-care are in constant touch with their relatives and families. They have not been taken away from them (see Section 4.4.3.3.1).

The teenagers mentioned during their interview that they did have homes but there was no one back home to take care of them as they were growing up. One teenager even said that the drop-in centre played the parental role for them. They also said that during visits to the centres, the foster-carers met most of their needs. What happens in these centres is in line with the Children's Act (RSA, 1983) which highlights the following as the purposes of foster-care:

- To protect and nurture children by providing a safe, healthy environment with positive support.
- To promote the goals of permanency planning, first towards family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime; and
- To respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity.

The above regulations were shown to be in operation because, in the foster-care system, the teenagers remained in their homes and were in constant contact with important people in their lives. This was also supported by Kufeldt (1995), Mason (2008) and Waid and Wojciak (2017) who argued that children in foster-care generally need continuity of the relationships with their birth family members. Especially sibling contact can be a point of continuity in unstable times, as

they have lived in the same circumstances and had similar experiences. During their interviews, the coordinators mentioned that the foster-carers had home visits when they went to the teenagers' homes to see how things were there (see Section 4.4.3.1.1). The coordinators mentioned that it was the role of the foster-carers to assess the teenagers' needs at home and then find a way to meet them (see Section 4.4.20.3). Likewise, in the questionnaire, the foster-carers mentioned that their role involved meeting all the needs of the teenagers in the drop-in centre and back home (see Section 4.4.20.2). The teenagers were also trained on cultural competence in the drop-in centres during the life lessons conducted daily after school because they respected family values and the teenagers were encouraged not to neglect their homes and families because of the drop-in centres (see Section 4.4.3.1.1).

The teenagers themselves clearly stated in the interview that the drop-in centre was a 'home away from home' (see Section 4.4.2.3.1). They said this because they received love and care from the foster-carers. During the observations, the researcher could tell that the relationship between the teenagers and the foster-carers was a good one that was even evident in their nonverbal communication. Worldwide, estimates are that 143 million children are separated from their birth families, and for most of these children (about 95%), the drop-in centre is where they find a caring and nurturing home (Courtney, Dolev & Gilligan, 2009; McCall, 2011). This is also true based on the findings of this study even though the teenagers were not separated from their birth families. They were in constant touch with them (see Section 4.4.3.1.1). These foster-cares were growing as more and more children wished to belong there. This is also true based on the current numbers in these foster-cares (Chapter 3). During the interviews with the coordinators, it was clearly stated that the need for the services of the drop-in centres was very high but resources were a limiting factor (see Section 4.4.1.4). This is supported by Deci and Ryan (1985) and Maslow (1943) who posit that satisfying needs is a continuous process; successful need satisfaction leads to (further) growth and wellbeing while failing to meet needs can inhibit this. Moreover, need satisfaction is impacted by environmental factors or changes in individual or interpersonal actions, thoughts or feelings (Deci & Ryan 2012; Maslow 1943). Again, during the observations and document analysis, the researcher noticed that things were not done haphazardly in the drop-in centres to ensure that a homely environment was created (see Section 4.4.1). For instance, the coordinators ensured that the relationship between the foster-carers and teenagers was healthy and if there was a conflict, it was solved constructively (see Section 4.4.3.1.1). The foster-carers knew that corporal

punishment could not be used but exercised positive discipline. They also knew that, in the policies of running the foster-care, confidentiality was required. The teenagers knew that their secrets were safe with the foster-carers (see Section 4.4.3.2.3). So, one can argue that the environmental factors in these foster-cares contributed to the needs satisfaction of the teenagers. As Deci and Ryan (2012) and Harper and Stone (2003) argued, children's environments play a significant role in defining the specific needs and how they can be satisfied. Since the teenagers were of different ages, some of their needs differed; for instance, some needed sanitary towels while others did not need them yet; some needed assistance as they prepared themselves for matric exams while some did not. It is therefore important to satisfy children's needs in an age-appropriate way, with their personal histories kept in mind, as stated by Berrick and Skivenes (2012).

5.2.2 Multidimensional Wellness

The findings also revealed that the foster-carers did not work in isolation but there was collaboration with relevant stakeholders which included parents or guardians and the DSD and DoH (see Section 4.4.3.2). This was done as part of supporting the teenagers, ensuring that the support is multidimensional, covering all the aspects of the life of the teenagers. For instance, they collaborated with their parents or guardians because these were their children but the parents could not raise their children for some reason (see Section 4.4.3.2). Moreover, the parents formed part of the community where the children were raised. So, collaborating with the parents meant collaborating with the community. The researcher believes that this is the reason the community made donations to the drop-in centres in the form of food and used clothes as revealed during the interviews. There was also collaboration with the Department of Health (see Section 4.4.1.5). It was mentioned during the interviews with the coordinators that teenagers were not taken to hospital without the consent of the parent or guardian (see Section 4.4.1.7). In cases of referrals, the foster-carers followed up until the teenager was back on his or her feet again. The teenagers need birth certificates, identity documents as well as counselling and this was where the DSD came in. Some of the teenagers have problems back home like abuse, conflict with parents and, at times, the violence of parents.. In such instances, the teenagers then became victims of circumstances. The foster-carers referred such cases to the DSD which addresses issues affecting children through the social workers. What is done in the drop-in centres is in line with Rowe (2003) who asserted that collaboration with other stakeholders involved in the life of the child could contribute to

improving the support to children in drop-in centre. Furthermore, Phiri and Tolfree (2005) argued that community-based strategies to support and provide protection for affected children as these are likely to be influenced by cultural norms concerning childcare. The community plays a huge role in the lives of the teenagers in the drop-in centre. Community involvement in the care of children, should also be part of other community-based campaigns to deal with a range of problems caused by HIV/AIDS (Phiri & Tolfree, 2005). In other words, they advocated for inter-sectoral collaboration as an effective strategy to adequately address the impact of inadequate care on the lives of children. Likewise, Thomas (2005:118) stipulated that a good working relationship with social workers is usually essential for success in fostering. Findings from this study have shown that collaboration is one of the pillars for effective and efficient foster-care, and that is also based on the fact that the foster-carers are not 'Jacks-of-all-trades' (see Section 4.4.1.5) and need the assistance of other stakeholders and in that way multidimensional wellness is achieved. The foster-care guidelines also emphasise the importance of collaboration between different stakeholders which highlights their responsibility to deliver quality and effective training in independent living to facilitate successful transition out of the foster-care to adulthood (DSD, 2009).

5.2.3 Life Skills

Part of the available support in the foster-centre are the life skills that the teenagers are taught. The coordinators revealed that after school the teenagers had life lessons on chosen topics (see Section 4.4.1.3). The coordinators stated that the teenagers were taught gardening, amongst other things. During the observations, the researcher saw the gardens in the foster-cares (see Section 4.2). The coordinators said that the teenagers worked in the garden and they were fed the produce. Brolin and Schatzman (1989) defined life skills as a wide range of knowledge and skill interactions believed to be essential for adult living since they promote independence in the long run. When the teenagers came from school daily, there were lessons that were conducted on life skills topics planned for that day. Life skills like gardening will make the teenagers independent and able to use their hands to make ends meet even if they cannot make it academically (see Section 4.4.1.4). This is in line with Richter, Manegold and Pather (2004) who identified five strategies employed by community-based organisations to cater for the needs of vulnerable children, one of them being strengthening the capacity of children and young people to meet their own needs. Since foster-parents are accountable for addressing the needs and challenging behaviours of foster-children,

their perceptions are important in determining areas for improvement in foster-care system because they are at the forefront of service delivery (Daniel, 2011).The foster-carers know the gaps or areas that need to be improved and they are working towards a common goal in spite of the diverse backgrounds and life circumstances of the teenagers. This is also supported by the EWP6 (DoE: 2001) which defines inclusive education as acknowledging and respecting differences in learners, whether due to age, gender, ethnicity, language, class, disability or HIV status. Despite these circumstances, children in foster-care are able to make a positive developmental turn when growing up in a secure and nurturing environment (McLaughlin et al., 2012; Schofield & Beek, 2005). This is true as one of the teenagers mentioned that what they were taught in the drop-in centres and the way they were taken care of had boosted their self-esteem and their outlook on life in general, and they now had hope for the future. Once the teenagers have a positive attitude towards life in general, they are bound to do well even academically; the EWP6, clearly states that the foster-care should not be a barrier in the lives and upbringing of these children, more so because foster-care is not their choice.

5.2.4 Teenager's Wellbeing

Indeed, the wellbeing of the teenagers is a priority and this wellbeing is multidimensional. From the findings, the foster-carers in the questionnaire cited that the teenagers needed friends, needed to play, and needed food to mention a few (see Section 4.4.20.3). Coordinators mentioned that social workers supported the teenagers on issues beyond their control. HAC1F mentioned that they taught the teenagers about God which addresses their spiritual wellbeing. The researcher observed that the teenagers prayed before eating. They also had time to sing and read the Bible (see Section 4.2). The researcher also observed that the teenagers are provided two meals a day and before they go to school there is uniform inspection to ensure that they go to school clean (see Section 4.2). Generally, the roles of caregivers would include, among other things, caring for the foster-child, offering guidance and discipline to the child, and stimulating their development (DoE, 2014) and this was evident in the manner the foster-carers cared for the teenagers.

Wittmer (2005:76) described wellness as being "a way of life oriented toward optimal health and wellbeing in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community". From the findings, the foster-carers tries to ensure the wellness of the teenagers and they were aware of the fact that teenagers' wellness was their

responsibility. Wellbeing is defined by the State Policy Reform Centre (2013) as the healthy functioning of children and youth that allows them to be successful throughout childhood and into adulthood. Fisher (2016) asserted that, to meet the needs of a child or young person in foster-care, all relevant stakeholders must work effectively and harmoniously with an unerring focus on the child's needs. That is the case with the drop-in centres as they do not exist in isolation but need to collaborate with the relevant stakeholders. The child's wellbeing will be harmed if collaboration is not achieved. Fisher (2016) further highlighted the main responsibilities and duties of the working partnership with foster-carers:

- Visit the child in placement.
- Ensure that the foster-carer has all the information they need to care for the child e.g., history, likes and dislikes, achievements.
- Include the foster-carer in meetings about the plan for the child, including case reviews, care planning meetings and other meetings of professionals.
- Ensure that a Placement Plan is agreed with the foster-carer, and that this includes full details of arrangements for delegated authority.
- Ensure the foster-carer is invited to and attends meetings and appointments regarding the child's education and health, such as personal education plan meetings, reviews of special educational needs, school meetings, and meetings with health professionals.
- Provide advice, guidance and assistance to help the foster-carer to meet the child's needs.

What Fisher (2016) mentions here is true; however, it contradicts what happens in the foster-care as some of these tasks were not evident in the drop-in centres studied. For instance, placement was between the parent/guardian and the coordinator. Mnisi and Botha (2015:227) argued that the foster-care system in South Africa focuses on ensuring a family life that is as normal as possible for the orphaned child. It promotes their wellbeing and allows them to develop successfully. This achieved through the inclusive approach where meeting the diverse needs of children is a priority.

5.2.5 Role of Foster-Carers

Foster-carers are the ones who spend most times with the teenagers. They have a huge role to play in the lives of the teenagers. This is true in relation to the findings from this study. The foster-carers indicated in the questionnaire that they were the key players in the lives of the children in

the drop-in centres (see Section 4.4.3.2.5). Coordinators even indicated that foster-carers undergo training so that they know how to meet the needs of the teenagers. Fisher (2016) argued that foster-carers are core members of the team working with a fostered child and should be recognised and respected by social workers for the knowledge, skills and experience they bring to their role. Schofield and Beek (2005) were in line with Fisher (2016) as they argued that foster-parents are vital in providing a secure base for foster-children, enabling them to make a positive developmental turn and deal with their traumas. Meeting the needs of foster-children provides them with a more stable and secure placement in which they can thrive (Berrick & Skivenes 2012). These would include provision of medical, emotional and physical support to the special-needs children (Slade, 2010). Foster-carers are, furthermore, expected to provide basic physical care like mobility assistance, hygiene, adequate ventilation, and adequate nutrition (Mabusela, 2010). However, the shortage of resources tends to limit the foster-carers as there is support that they wish to provide but cannot. This is so even though there are grants are referred to as FCG and they are provided to assist caregivers with the financial means to meet the basic needs of the foster-care children (DSD 2015). During the interviews, these grants were not mentioned by either the teenagers or the foster-carers. The aim of the FCG is to fulfil the mandate of the government in poverty alleviation through the SASSA and also to assist caregivers to give orphaned children in foster-care a better life. In that way, the caregivers get an opportunity to take part in the community as respectable members and to alleviate poverty (Tanga et al., 2017:69). What the researcher learned from the foster-carers was contrary to Tanga (2017) as only the stipend was mentioned by the foster-carers.

It is essential that caregivers receive ongoing training on health and mental health issues of children in drop-in centre. To be effective in managing these issues, caregivers should have basic information on healthcare (including preventive health) and detailed information on any specific conditions or illnesses of children in their care (Geiger, 2012). Foster-carers need to undergo training on the psychosocial needs of children. This would be helpful as they would have an understanding of the different needs of the teenagers as well as effective ways of meeting them. Working in collaboration with relevant stakeholders also benefits the foster-carers as they are not well equipped to meet all the needs of the teenagers (see Section 4.4.1.5). Training for foster-carers is considered to be an important part of preparing them for and supporting them in the task of fostering (Sellick & Thoburn, 1996). Conversely, the value of parent training programmes with

foster-carers has not been extensively evaluated. Minnis and Devine (2001) found in a randomised control trial of 121 foster families, that there was no clear evidence of the impact of caregivers' training programmes on foster-children's emotional and behavioural functioning. This shows that the training is lacking and does not cover all the aspects of what the foster-carers experience on the ground, hence the collaboration with relevant stakeholders (see Section 4.4.1.5). Botha et al. (2017:3) stated that children in foster-care look upon foster-carers to meet all their needs since economic hardships have a negative impact on the functioning of the family. In most cases, the goal of foster families is to provide a conducive home and meet the basic needs of the child. However, coordinators mentioned that there was support that they could not give to the teenagers; hence the need for collaboration so as to attain the multidimensional wellness of the teenagers This is not quite true for the foster-carers as they do not have the skills to meet many of the wellness needs of the teenagers.

5.3 IMPACT OF THE SUPPORT GIVEN TO THE TEENAGERS IN DROP-IN CENTRES

The researcher observed that the foster-carers are really committed to servicing their communities. For them, the teenagers are truly a priority (see Section 4.2). During the interview, HAC1F said the foster-carers were not paid at all but they depended on availability of donations. HBC2F and HCC3F said the foster-carers received a stipend. The foster-carers' approach confirmed what McHugh (2007:115) reported, namely, that "Seeing positive changes in the children as a consequence of being with the foster-care family was extremely rewarding for many caregiver". Their work was challenging, emotionally and physically draining, and full of heartache, yet they received no benefits: no health insurance, no life insurance, and no retirement plan but that did not stop them from willingly doing all that they could for the teenagers. Dickerson and Allen (2007:39) stated that'' foster-parents are individuals with special needs and the measure of their effectiveness will be determined by whether those needs are addressed". Their needs have to be met so that they effectively meet the teenagers' needs, but that is not the case here**.** The stakes are impossibly high: a stable, loving foster-home placement where a child's needs are met can positively change the course of that child's life. Despite all of this, Roman (2016) states that the law assigns no economic value to a foster-parent's labour. Although foster-parents generally received a monthly stipend (see Section 4.4.4.2), it was expressly intended to cover only the expenses they incurred in the course of caring for a child. Not all of them received it but that did not dampen their spirits. They

served the community wholeheartedly since drop-in centres were a community need and the foster-carers were community members as stated by HAC1F, HBC2F and HCC3F. That is also because the foster-carers were very much aware of the fact that the wellness of all the children under their care rested with them (see Section 4.4.3.2.5). The foster-carers taking care of these children were motivated by the church doctrine that God would reward them one day; hence, they never got tired of doing what was good. It is because of the way things were happening in these drop-in centres that one can say the support that is given to the teenagers is effective.

As part of the support, the teenagers were taught life skills aimed at making them independent for life (Brolin & Schatzman, 1989). Life skills include a wide range of knowledge and skill interactions believed to be essential for independent adult living. What the teenagers said about their lives in the drop-in centres was contrary to studies, such as Wertheimer (2002) who stated that youth in foster-care may be at higher risk of engaging in high-risk sexual behaviours, including having a larger number of sexual partners, drug use, and other behaviours that placed them at physical risk. The teenagers were happy that they were still pure because the time was not yet right for them to be sexually active and they clearly understood that there is time for everything. Lipscombe, Farmer and Moyers (2003:01) stated that children from foster family care were more likely than children in group or institutional care to grow into well-functioning adults, as demonstrated by a wide range of social indicators such as high school completion rates, lower crime, drug and alcohol usage and divorce rates, and satisfaction with life generally. A previous study by Courtney, Dworsky, Cusick, Havlicek, Perez and Keller (2007) aimed at assessing the impact of independent living programmes found that relatively few drop-in centre youth received specific independent living services. As stated by Courtney et al. (2007), current foster-care literature indicates that removing children from their families of origin and placing them in out-of-home care has been associated with negative developmental consequences that place children at risk for behavioural, psychological, developmental, and academic problems. Findings from this study revealed that, contrary to the above research, drop-in foster-care benefits the teenagers and addresses many problems or challenges (see Section 4.4.1.1). This is so because the teenagers do not lose touch with their homesteads, families and important family members. This type of foster-care does not provide teenagers with what they have but with what they do not have. The teenagers had homes, but they lacked what makes a house a home; hence, drop-in centres met some of these needs (see Section 4.4.2.1).

The evidence from the teenagers is contrary to Schofield and Simmonds (2009) statements that their lives are subject to high levels of regulation and their peers are unlikely to see foster-children's situations as 'normal'. From interviewing the teenagers, the researcher learned that many of teenagers wanted to belong to the drop-in centres because of what they saw and heard about them (see Section 4.4.2.3.1). Furthermore, O'Hare (2008) added that teens in drop-in centres face challenging family, individual, and educational barriers that place them at risk of becoming a teen parent which is also contrary to the experience of teenagers in the drop-in centres investigated in this study. HAT6F even said she was proud of herself because she had never been pregnant and she abstained from sex which was what was taught in the drop-in centre. The effectiveness of the support is also evident in that, during the interviews, HAC1F and HCC3F mentioned that the teenagers had a say in their placement. HCC2F said that teenagers were not forced to belong to the drop-in centre and guardians also had to consent. So, if the teenagers want to be placed there, then they were happy with the way things were done there. The findings of this study also concurred with Dougherty (2001) that foster-carers provide nurture. As stated earlier, the teenagers had a say in their placement and their ages were also considered before their placement. Thus, what Schofield and Simmonds (2009) stated is true, namely, that placements are more likely to break down when:

- They are made quickly, without adequate consultation with children or young people and without adequate consultation with, or the provision of full information to carers; and
- Carers' preferences about the characteristics of children to be placed (e.g. girls only) are ignored.

Schofield and Simmonds (2009) further stated that foster-carers support the children's healthy development; provide guidance and discipline; advocate on behalf of the children with schools; mentor birthparents; support the relationship between children and birthparents; hence, more and more teenagers wished to join the drop-in centre. What was argued by these authors transpired during the interviews of the teenagers. The teenagers referred to the foster-carers as mothers because they experienced their motherly love. Coetzee's (2016) research findings also confirmed how caregivers might feel a sense of companionship with their children, which added meaning to their lives. The foster-carers underwent training on caring for the teenager's needs (see Section 4.4.4.1). When asked how they felt about the drop-in centre, the teenagers said the foster-carers

were good to them, they loved and cared for them and helped them in any way they could (see Section 4.4.4.1). This concurs with Geiger (2012) who argued that relevant, regular, and well-executed induction and training can affect staff retention positively, which benefits the children. Furthermore, Crawfort (2006) suggested that providing the best possible support to children in care was essential in order to prevent problems such as depression.

Foster-carers voiced their sense of fulfilment and enjoyment in providing support to children, as it allowed them to positively help others (see Section 4.4.4.1). This is so because for some foster-parents the fostering met their own personal desires to have a family especially for those who were unable to have their own families (Riggs et al., 2009). As a mother would like to be to her own children or perhaps grandchildren at home, so are these foster-carers to the teenagers. There was a very strong bond between the teenagers and the foster-carers which confirms what was said by Broady, Stoyles, McMullan, Caputi and Crittenden (2011), namely, that foster-carers often have the fear of losing the foster-child after they have bonded and become attached to the child. Foster-parents experience grief even if they were part of the decision for the removal of the child (Pickin et al., 2011; Samrai 2011; Thomson & McArthur, 2009). The foster-carers bond with the teenagers as they play their roles as stated by Zanghi, Detgen, Jordan, Ansell, and Kesller (2003) Foster-parents have several vital roles to play, namely:

- Coach: listening, advising, and providing youth with opportunities to learn and practice new skills;
- Advocate: learning about and fighting for the youth's rights as they relate to education, health and mental health care, court proceedings, and case practices; and
- Networker: helping to cultivate connections and supports for the youth.

According to the DSD (2003:4), HIV and AIDS are dramatically reshaping the South African population structure. The number of orphans is increasing daily. Richter, Foster and Sheir (2006:10) stated that what is needed to address the impact of HIV/AIDS and of poverty on children is a set of collective community programme responses that acknowledge support and strengthen the commitment and care of families and households. Smart (2004:181) pointed out the following in this respect: "Members of the community are in the best position to know which households are most severely affected and what sort of help is appropriate. They know who is dying, who has died and who has been taken in by relatives or who is alone as well as who has not enough to eat".

Freeman and Nkomo (2006:309) added that, given people's economic and social situations and their expressed need for assistance, it is clear that guardianship strategies and assistance are crucial. In practice, most appropriate support for young children comes from their families who in turn need support from their communities. Freeman and Nkomo (2006:312) further argued that much emphasis is placed on community support for fragile households such as those headed by ill parents, grandparents, or oldest siblings through mechanisms such as assistance for income-generating activities and home visits from trained volunteers. From the interviews with the coordinators, HAC1F, HBC2F and HCC3F stated that most of the children were from child-headed families while others are brought up by their grandparents.

The above is true. The study was carried out in drop-in centres in the community run by people from the community (see Section 4.3.1). This is effective: for instance, when it comes to placement, HAC1F and HBC2F said that they knew the backgrounds of all the children and they knew and understood the situation back home. That put them in a better position when deciding on placement of the teenagers because, the teenagers, the coordinators and the foster-carers were all from the community. When the foster-carers conducted home visits, there were no surprises because they knew exactly who they were dealing with (see Section 4.4.1.1).

5.4 TEENAGERS' TOTAL WELLNESS IS FOSTER-CARERS' RESPONSIBILITY

Findings from this study indicated that foster-parents were aware of the roles they needed to play to ensure multidimensional wellness of the teenagers in the drop-in centre. Foster-parents must be able to provide the following in fostering:

- Make warm and effective relationships with children and young people;
- Provide good physical and psychological care;
- Enable children to feel at home, without disrupting their existing attachments; and
- Prioritise the needs of children and young people with a range of problems without causing harm to the children (Thomas, 2005).

The researcher believes that Thomas was right in what he said because the teenagers are happy in the drop-in centres because the foster-carers provided all that he mentioned and more. According to Chipungu and Bent-Goodley (2004), foster-parents are often required to provide extra care and attention to address the needs of foster-children yet with limited resources and support. By

contributing and making a positive change in the lives of needy children, foster-parents feel personally useful and the emotional, physical and social wellness of the teenagers is achieved. The relationships that develop between foster-parents and their foster-children are rewarding for foster-parents (Broady et al., 2010). This was supported by McHugh (2007), Geiger (2012) and Duxbury, Schroeder and Higgins (2009) who stated that there were a number of motivations for caregivers, including being able to achieve positive outcomes for children; awareness of children needing to belong and receive support; and making a difference in the lives of neglected or underprivileged children. Moreover, it appeared that foster-carers were not fulfilling a professional role but rather a parental role and fear of losing their foster-child was articulated in their sense of hopelessness in relation to the child welfare system (Broady et al., 2010; Riggs et al., 2009). This showed how attached the foster-carers were to the children under their care.The researcher believes that, as stated by Brown et al. (2014) that empowering, supporting and developing foster-parents to take care of foster-children in a manner that provides strength and security includes foster-parents themselves being supported professionally, practically and emotionally, which can greatly improve their service delivery to the teenagers.

Leathers (2005) observed that the quality of the home environments of foster families, particularly their provision of stimulation and emotional responsiveness, positively impacted on the teenagers as he found that children who had more support from caregivers had high self-esteem and fewer emotional problems. This shows that the success and failure of foster-care lies with the foster-parent. If the foster-carer is good to the teenagers, everyone is happy. Foster-carers better understand the teenagers if they have a good relationship with them and that makes them understand how they behave the way they do. Findings from this study showed that open lines of communication help foster-carers better understand the teenagers.

Furthermore, Fisher (2016) argued that The National Minimum Standards require the fostering service to provide support for carers with a specified purpose which include:

- Ensuring that they provide children with foster-care that meets their needs;
- Taking the children's wishes and feelings into account;
- Keeping children safe;
- Promoting the children's health;

- Promoting children's enjoyment; and
- Promoting children's education.

Fisher (2016) further outlined the roles of foster-carers as follows:

- Every child and young person should be safe and know they are cared for;
- Every child and young person should be enabled and supported to achieve their potential;
- Ensure their home is warm, comfortable and welcoming for children and young people;
- Ensure the child or young person knows the carer has time for them as individuals, will listen to them and advocate on their behalf;
- Meet the needs of the child or young person as would any responsible parent; This covers every aspect of family life and childhood, including health and leisure and social activities, ensuring they have the same opportunities as their peers;
- Work alongside the birth family of the child or young person;
- Prepare children and young people for adulthood.

The researcher spent some time in the drop-in centres during the data generation phase which showed that these roles existed in these centres. For instance, foster-carers worked alongside the birth family of the child as they conducted home visits; the family had to consent to this (see Section 4.4.3.2). The foster-carers try their best to meet the needs of these young children, they ensure that they have same opportunities as their peers (see Section 4.4.2.2). The findings revealed that, since confidentiality is a code of conduct in the foster-care, the teenagers trust the foster-carers. HAC1F, HBC2F and HCC3F mentioned that each foster-carer was responsible for 20 children. This was also confirmed by HAT5F, HBT19M and HCT30M. Back home, HAC1F said, the teenagers were sometimes victims of abuse by family members. The foster-carer must emotionally support such teenagers and if there was a need for a psychologist to find one through the DSD. Worse still if the child had to be removed from his or her home altogether, again through the DSD, the foster-carer had to do that. The researcher observed that the foster-carers were mindful of the language that they used. In the policies studied (see Section 3.9.2), positive discipline is recommended but corporal punishment is forbidden. Not only is this the law, but foster-carers need to be considerate of the feelings and self-esteem of the teenagers. The researcher believes that the teenagers referred to the drop-in centre as a 'home away from home' because they

felt loved and there was a sense of belonging. The foster-carers at the drop-in centre did not embarrass them in any way. It is on these grounds that Schofield and Beek (2014) argued that providing a secure base is at the heart of any successful foster-care system which has been shown to be true in these drop-in centres.

Five caregiving dimensions make up the model and each is associated with a particular developmental benefit for the child:

- Availability – Helping the child to trust;
- Sensitivity – Helping the child to manage feelings;
- Acceptance – Building the child's self-esteem;
- Cooperation – Helping the child to feel effective; and
- Family membership – Helping the child to belong.

The researcher can attest that what Schofield and Beek (2014) stated is true, based on what the researcher observed in the drop-in centres. The love that the teenagers received from the foster-carers made the teenagers cope better with their life circumstances. The foster-carers could easily tell if one of the teenagers had a problem just by looking at them, as mentioned by HAC1F, HBC2F and HCC3F. They even mentioned that they knew the strengths and weaknesses of the foster-carers and their role was to ensure that the teenagers all felt that they were treated the same way, avoiding a situation where teenagers preferred one foster-carer over others.

5.5 POLICIES GUIDING THE ADMINISTRATION, MANAGEMENT AND PROVISIONING OF FOSTER-CARE

From the findings of this study, foster-carers, coordinators and teenagers indicated that they were happy with the policies in the drop-in centres. HAC1F and HCC3F clearly stated that the policies provided guidelines for running the drop-in centres. HBC2F stated that before the foster-carers signed their contracts, they needed to have a clear understanding of all the policies. If there was a part that they did not understand, the coordinator had to clarify what was involved. Furthermore, during the observations, these policies were seen to be hanging on the walls in these drop-in centres and were the same as those in the documents analysed (see Section 4.2). The foster-carers in the questionnaire did mention that they are policies, and the policies are necessary and important (see Section 4.4.1). The foster-carers mentioned that they know the policies and they are fine with them.

The teenagers likewise said that policies were everywhere, even at school (see Section 4.4.4.2). During the interviews, the teenagers mentioned that policies are guidelines that enabled one to know what to do, how to do it and when to do it (see Section 4.4.4.3). From the data generated, policies were regarded as an important instrument in any organisation (see Section 4.4.4); for example, Yanca and Johnson (2008) posited that within families, there are rules, which refer to the prescribed expectations of behaviours. Because of the available policies in the drop-in centres, everyone knew and clearly understood the way they had to conduct themselves within the centres. That included the teenagers and the foster-carers. Likewise the coordinators (see 4.4.4.1) and the foster-carers (see 4.4.4.6) agreed that policies guided the running of the drop-in centre. There was order in the drop-in centres because of the policies. Rules helped to maintain stability by determining acceptable and unacceptable behaviours. Many scholars believe that fostering is an efficient way to help foster-children become independent adults with proper values (Adsera and Tienda, 2012). The values in these teenagers are instilled partly through the availability of the policies.

During the data gathering phase, the foster-carers and the teenagers mentioned that they adhered to the policies daily which was in line with Richter, Manegold, and Pather (2004) who identified five strategies employed by community-based organisations to cater for the needs of vulnerable children, one of them being to ensure that governments develop appropriate policies, including legal and programme frameworks. From the interviews, the researcher learned that the DSD played the main role in the formulation of these policies (see 4.4.4). The coordinators highlighted that they did not formulate and approve the policies on their own but the DSD also provided input (see 4.4.4); for instance, the responsibilities and rights of the foster-carers are clearly stated in the Child Care Act (Section 188) (RSA, 2005:178). Thus, it was a result of the input of the DSD that all the drop-in centres used the same policies for uniformity.

However, there were no policies for recruiting foster-carers with the homes following their own plans in this regard. Besides the fact that they were community-based drop-in centres and that the foster-carers must be from the community, the rest differed. The unavailability of the policies for recruiting foster-carers was in line with Barbell and Sheikh (2000) who believed that those currently serving as foster-carers had proven to be the most effective recruiters of new foster-

carers. This may be true as the foster-carers knew the strengths and weaknesses of their fellow community members and who could be a better parent than others.

5.6 CHAPTER SUMMARY

This chapter discussed the findings as they were presented by participants. Findings were discussed, relating them to the background established in the literature review. The main findings illustrated the similarities, differences, gaps between the present results and the previous literature. The findings proved that the teenagers are supported in the drop-in centre system in different ways. However, there was a shortage of resources which limited the provisioning of drop-in centre. It was also mentioned that the teenagers had a sense of belonging in the drop-in centres because the relationship between the teenagers and the foster-carers was exceptionally good; hence, the teenagers referred to them as mothers because of the way they loved and cared for them which resulted in more teenagers from the community also wishing to belong to the drop-in centre. Collaboration with the relevant stakeholders also ensured the effectiveness of the support. The next chapter draws conclusions, presents the significance of the study, lists the limitations of the study, and makes general recommendations and recommendations for further research arising from the study.

CHAPTER 6

SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

6.1 INTRODUCTION

This chapter presents the summary, limitations and significance of the study, general recommendations and recommendations for further reading and conclusions. The aim of the study was to explore the ways in which teenagers in drop-in centres are supported and how their needs can be known and provided for. The researcher explored and discussed the literature pertinent to the research topic in order to provide a reference point from which data could be collected and analysed in an attempt to answer the research questions and achieve the aim of the study. In order to explore these, a qualitative-quantitative mixed-methods approach was used and data was collected using observations, document analysis, in-depth, semi-structured interviews directed by interview schedule and a questionnaire survey. Participants in the study were coordinators who played a supervisory role in the drop-in centres, all the foster-carers in the drop-in centres and 30 teenagers from the centres studied. The sample was selected from three drop-in centres in Mpumalanga Province using the purposive sampling method. Qualitative data collected were analysed using thematic data analysis while quantitative data were analysed using the SPSS computer software with the support of an expert statistician.

6.2 SUMMARY OF THE FINDINGS

Having discussed the findings from the data, this study has clearly tried to explore the ways in which teenagers in foster-care are supported and how their needs can be known and provided for. It was also evident that foster-carers were providing more support than expected and they played a pivotal role in the lives of all the children in the drop-in centres. However, this study suggests that support should be multidimensional where all relevant stakeholders involved in the lives of orphaned and vulnerable children should collaborate. In that way, the support will be improved, and teamwork will be encouraged.

6.3 A MULTIDIMENSIONAL FRAMEWORK OF SUPPORT

The researcher proposes that a multidimensional programme be used in order to improve the support of the teenagers. Such a programme will take into consideration that these children are from diverse backgrounds and have diverse life experiences. Section 4.4.1.1 stated that the drop-in centres rely on donors and they allow anyone who wishes to assist them to do so. This is because the need for resources in the homes is very high as they have a large number of children under their care. With multidimensional wellness, even this aspect can be well taken care of. In Section 4.4.1.7 it is also mentioned that collaborating with the parents equates collaborating with the community. The researcher thinks that is the reason the community makes donations to the drop-in centre in the form of food and used clothes as revealed during the interview. If the community forms part of this multidimensional programme, the burden of the drop-in centre can be eased. In Section 4.4.1.5, the researcher also mentioned collaboration with the DoH as well as the social workers. If all these could be a team and work towards provisioning of the drop-in centre, the services offered there could be greatly improved, because of the availability of specialists in the different fields.

The safety of the child and confidentiality of their life experiences and trust must take priority before the attempting to support the child. A multidimensional approach to providing support implies an appreciation of the importance of considering the child's health, nutrition, education, psychosocial and other needs within the context of the drop-in centre and the school. Section 4.3.4.1 mentioned that the foster-carers undergo psychosocial training on the needs of the teenagers but that is not enough. Therefore, involvement and collaboration with other stakeholders and professionals in providing appropriate support to children placed in foster-care is of paramount importance. What must be pointed out here is the fact that the foster-carers are not educators. To assure the best outcomes for children, all the stakeholders in the system must work together and each must rely on the others to provide the necessary information and resources for the benefit of the child. This, therefore, means that the DBE must also be part of the multidimensional team.

Provisioning of the drop-in centres cannot be provided adequately without the collaboration and support of other care structures and stakeholders. As recommended by Meloy and Phillips (2012), because of the complexity of children's backgrounds and life experiences, they require a multitude of specialists to manage the special needs of the total child. Hence, there are different role players

in the proposed multidimensional approach to improve the foster-carers' support to children in drop-in centres namely: foster-care support, emotional and psychological support, occupational therapist, educational support and medical and health support. The proposed multidimensional programme can be very helpful to the foster-carers and can make their work easier.

The multidimensional programme is depicted in Figure 6.1 below:

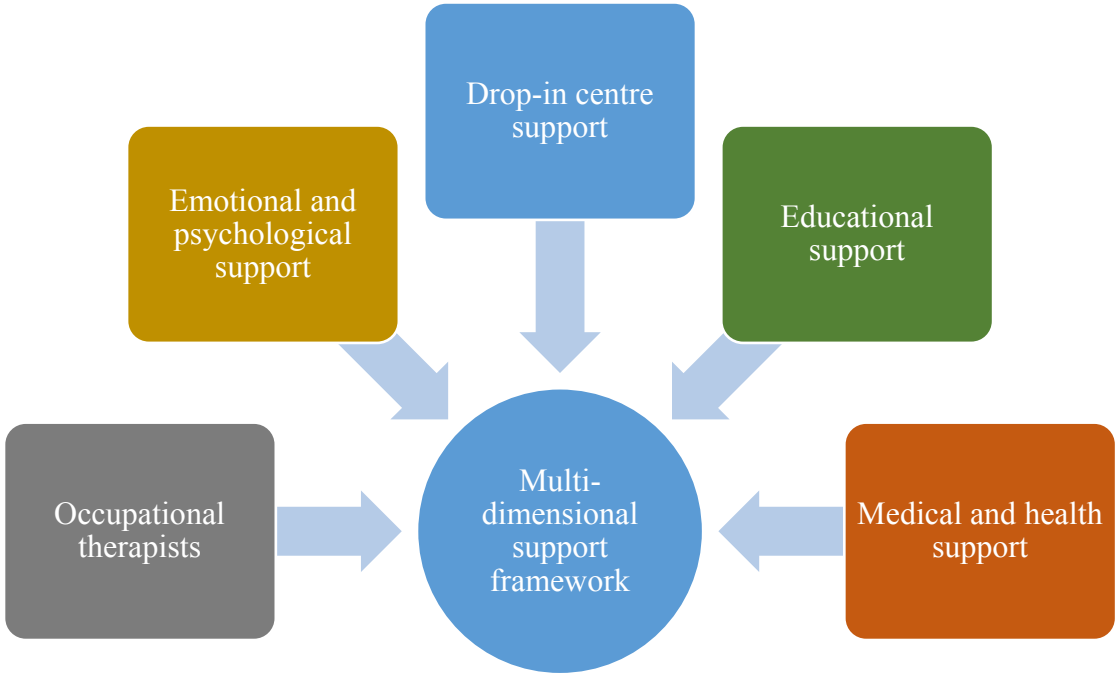

Figure 6.1: The multidimensional support framework

6.2.1 Drop-in Centre Support

Improving foster-carers' support calls for a training programme facilitated through a multidimensional approach bearing out the African proverb that says: "it takes a village to raise a child". Section 4.4.1.7 stated that there is collaboration with the parents who are also part of the community. The community is responsible for the moral character it creates, and everyone in a community should be responsible for helping to train a child irrespective of who the parents are, offering correction where it is needed. This simply means foster-carers cannot carry out their task on their own; they need input and support from other stakeholders involved in the life of the child. However, the community needs to be enlightened about their role in the lives of the teenagers in the drop-in centre. The children at the centre are surrounded by different people who have their

best interests at heart. The children's future fully depends on decisions and recommendations made by these stakeholders. To reach the goals set for the child in care, everyone involved in the child's life must be part of the planning and decision-making process. Furthermore, this also shows how inclusive education can be practised and promoted in drop-in centre settings.

Section 4.4.1.5 showed that the foster-carers collaborated with the social workers. Since collaboration already exists, a multidimensional programme would be ideal and could make work easier for the foster-carers. That would be because the child's social worker has the key responsibility of planning consultations with the foster-carer on current issues impacting the care of the child, but the network of people involved is invited to discuss the issues and support the foster-carers. During their discussions, it is recommended that foster-carers should be given an opportunity to talk about how they are feeling about the children, what their concerns are and what progress they have made. Research has shown that foster-carers who view themselves as part of a multidimensional team with a goal of meeting the needs of children have more successful placements (Child Youth and Family Organization, 2007). Foster-carers need to be appreciated and motivated so that their work becomes more effective. However, Section 4.4.3.2 indicated that the needs of the foster-carers are not met and this could be a barrier to their effectiveness.

As stated in Section 4.4.4.1, foster-carers must have a positive attitude towards caring for children and also be child-friendly. They should be sensitive to the needs of children and therefore need specialised training. Training needs to be continuous and foster-carers must be prepared to expand their knowledge. This is contrary to what is happening because the foster-carers are trained only on the psychosocial needs of the children. This also has a bearing on the age of the foster-carers since aged foster-carers will be reluctant to undergo lifelong training. Figure 4.2 indicated that ages of most of the foster-carers in the homes were between 51 and 61 and they might be reluctant to undergo lifelong learning.

6.2.2 Emotional and Psychological Support

Professionals, such as speech and language therapists, and physiotherapists are trained and experienced in these areas of support and need to become part of the multidimensional team working for and with the child and the foster-carer. Some of the teenagers do need emotional support as a result of emotional abuse at home. The reason the drop-in centres collaborate (see

Section 4.4.1.5) is because of the inefficiency and lack of the knowhow of some of the foster-carers.

6.2.3 Occupational Therapists

The Occupational Therapist (OT) works with the individual to develop a comprehensive understanding of his or her skills and abilities to perform daily activities in the home, at the workplace, at school, or in the community. Daily activities demand the integration and use of sensory, motor, cognitive, perceptual, emotional, and social skills and abilities (National Institute of Health, 2010). OTs evaluate and provide interventions for these skill areas. The OT also examines where the person will be functioning (e.g., home, school, workplace, community), and evaluates the impact of these environments or contexts on the individual's ability to perform daily activities. According to Paul-Ward (2009), OT services to support community integration may include interventions to:

- Educate caregivers in best ways to communicate, organise, include, and engage children in daily home chores and family activities by providing consistency, focusing on skills, and structuring tasks at the level of their differently abled family member;
- Design and implement prevocational and vocational training in collaboration with employment services and other rehabilitation service providers; and
- Provide training and support for the development of inclusive youth services such as childcare, community recreational programmes and extracurricular activities.

Foster-carers work alongside the birth family of the child as they do home visits and, in some instances, the family has to consent to referrals to allow that to happen (see Section 4.4 and 1.2). The foster-carers try their best to meet the needs of these young children and ensure that they have same opportunities as their peers (see Section 4.4.1.3). The proposed multidimensional model can then equip the foster-carers on how well to administer their duties daily; knowing that there are OTs in the team can boost the self-esteem of the foster-carers.

The findings revealed that, since confidentiality is a code of conduct in the foster-care, the teenagers trusted the foster-carers. The teenagers were at times victims of abuse by family members. The foster-carer has to emotionally support those teenagers and if there is a need for a psychologist must find one through the DSD.

6.2.4 Educational Support

The South African Schools Act (SASA) (RSA, 1996a) embodies the principles of the Constitution, stressing every person's right to basic education and equal access to educational institutions. The homes provide the teenagers with uniforms and meals before they go to school. When they come back from school, they help the teenagers with homework. The drop-in centre carers are aware of the rights of the teenagers to education. The EWP6 (DoE, 2001) defines inclusive education as acknowledging that all children and youth can learn and need support. It calls for facilitating education structures (including foster-care, as the home is the first place or environment where the children acquires education), systems and learning methodologies to meet the diverse needs of all. Therefore, at school level, teachers should consult with the foster-carers to share any information or discuss the child's progress.

Furthermore, the School Based Support Team is expected to identify children with barriers to learning and provide support. This support should also be facilitated at the drop-in centres through the involvement of the foster-carer. Currently, foster-carers help the teenagers with homework and they visit their schools to monitor their progress as school. This is in spite of the fact that they may not be equipped to do that. This is in line with the principles of inclusive education (DoE, 2001), that stress that all children can learn if given adequate support. Children in drop-in centres are expected to go to school, just like other children do. It is the responsibility of foster-carers to make decisions about the child's education. The delivery of special education services is another area of potential difficulty for children in drop-in centre. It is critical that foster-parents are acknowledged and validated as legitimate parents of the child and a healthy home-school relationship should be established. This practice is also promoted in SIAS document (DBE, 2014). Acknowledging the essential role of caregivers in education and training is a key factor in the early identification of barriers.

The researcher proposes a multidimensional programme that will involve teachers as part of the team. Section 4.4.1.2 showed that there is already collaboration between the drop-in centres and the schools of the teenagers. The guidance of the teachers or educators can go a long way in helping the foster-carers as they assist the teenagers academically. Caregivers' observations and comments can lead the teacher to find the exact nature of the barriers that a learner experiences. Caregivers should at all times be involved in the identification and assessment processes involving the

children in their care and should be regarded as equal partners in this process (DBE, 2014).This can only be a reality if the foster-carers are trained regularly.

6.2.5 Medical and Health Support

It has also been noted that foster-carers do not have the right skills and knowledge to give adequate care and need assistance from professional medical and healthcare service providers (Nuutila & Salantera, 2006). Medical professionals could assist caregivers by:

- Reviewing potential placement situations during intake to determine if placement in the community will be safe, what potential risks exist, and what other questions need to be answered to ensure placement stability and safety;
- Providing training in the home regarding healthcare issues;
- Providing case management; and
- Reviewing all medical documents provided by the foster-parents in order to evaluate the medical plan for the child (documentation includes hospital discharge summaries, medical visit summaries, medication prescriptions, and/or any documentation provided by the doctors/specialists).

Section 4.4.1.5 stated that the foster-carers collaborated with the DoH. This is done when the teenagers have medical needs. However, the parent or guardian has to consent before the teenager is referred to the DoH. This indicates that there is a need for a multidimensional programme where nurses and doctors will work as a team and hand-in-hand with the foster-carers. These would only focus on the medical aspects in the lives of the teenagers. Currently, the teenagers share their medical or health needs with the foster-carers. Once the team is in place, the teenagers would be able to go straight to the nurse and get the necessary assistance.

6.4 LIMITATIONS OF THIS STUDY

Since this research study was conducted in Mpumalanga Province and in three identified drop-in centres, the research findings cannot be generalised to other foster-care institutions. The demographic information of the participants in the study could indicate a limitation, as all coordinators were women and no men participated in the study. If there had been a male coordinator, for instance, different information, experiences and needs of teenagers may have been

found. Moreover, all the participants in the questionnaire were women which was another limitation.

The study's focus was specifically on teenagers, not on all the children in the drop-in centre. Therefore, the sample selection was limited. It would have been interesting if children at all levels in the foster-care system were interviewed since the perceptions might differ. However, this raises ethical issues which would need to be carefully considered.

6.5 SIGNIFICANCE OF THE STUDY

The study gives voice to foster-carers and the children under their care as they are a population that is often ignored. A better understanding of inclusivity was provided with the emphasis on inclusive education which is not only about children with physical disabilities but also about child-headed families, vulnerable children, children from poor family backgrounds and children placed in foster-care. Moreover, the role of foster-carers has been better understood and they should be recognised as important stakeholders. The need for collaboration between all those involved in the support of teenagers has been realised. This collaboration should involve the community at large, social workers, educators, principals and school counsellors, the child protection unit under the police as well as health professionals (counsellors, educational psychologist, doctors and nurse). All these stakeholders need to collaborate for the wellbeing of the teenagers placed in foster- care. The study also rendered valuable guidelines to the personnel who are involved in the education and welfare of children in foster-care on how they should be supported and how provision should be made to accommodate their individual needs.

6.6 GENERAL RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made for the provisioning of support to school-going teenagers placed in foster-care:

- A multidimensional wellness programme should be developed.
- The Government should find a way of financing these drop-in centres for their effectiveness, as follows:
    - There has to be a way of training the foster-carers on meeting most of the needs of the teenagers. Psychosocial support training alone is not enough.

- There is a need to recruit more men for the sake of the male teenagers in drop-in centre.
- The foster-carers' remuneration needs to be reviewed so that they also have benefits like anyone who is employed. That can be a motivation to them to work even well than what they are doing now.
- The community has a responsibility to also contribute towards the running of the foster-cares more especially because the foster-care homes are within communities.

6.7 RECOMMENDATIONS FOR FUTURE RESEARCH

- A study on the wellness of caregivers in drop-in centre settings ought to be undertaken so that adequate support could be undertaken and interventions for them could also be implemented.
- Another area that has to be explored in the future is preparing for life-after-foster-care for the teenagers using the multidimensional wellness framework since, at some point, the teenagers will leave the foster-care and be independent.
- The development and implementation of a training programme for foster-carers can be explored in the future as a way of equipping the foster-carers since their roles demand the training.

6.8 PERSONAL REFLECTIONS ON THE STUDY AND CONCLUSIONS

Carrying out this research has been an eye-opening journey. Spending some time in these drop-in centres and having conversations with all the people there was humbling, more so because we were meeting for the first time. It really amazed me to realise that some people can go that far for the love of orphaned and vulnerable children. The very fact that the foster-carers are doing voluntary work for their fellow citizens astonished me; truly, foster-caring is the practice of "Ubuntu" compassion and the love for children. It must be noted that most of the caregivers were doing this job out of a caring heart, yet they are often not valued and appreciated for the good service they are rendering. The connection and relationship they had developed with the children under their care is amazing. They were trying their best to provide care with limited resources. There were challenges in running these institutions but that is never written on their faces – they had learned to improvise because they had the interests of these children at heart. This study made me realise that I should be grateful in life because some people are struggling out there. Moreover, this study has taught me the importance of sharing what you have with someone in need. Spending some

time in the foster-care system made me honour, appreciate and respect the foster-carers for the role they are playing in the lives of children placed in drop-in centres.

The aim of the study was to explore the ways in which teenagers in drop-in centre are supported and how their needs can be known and met. This chapter therefore brings the research to its conclusion, in which the questions formulated in Chapter 1 were investigated and the aim has been met. By summarising the main findings and the data collected, the researcher was able to identify the different ways used to support the teenagers in the drop-in centre.

The data analysis indicated that foster-carers do their best to meet the needs of the teenagers and that through the open lines of communication and openness, foster-carers know the needs of the teenagers in the drop-in centre. However, the unavailability of resources limits the support given. Nevertheless, the foster-carers are willing to stretch themselves to the limit for the wellness of the teenagers.

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APPENDIX A: OBSERVATION SCHEDULE

Observation schedule

The researcher observed the following

- Arrival and departure times of the foster-carers and the teenagers
- How a day starts and ends
- Preparing and serving the meals
- Other activities taking place besides serving meals
- Interactions between foster-carers themselves and the teenagers
- Physical appearance of the homes(how the homes look like, that is, the houses, toilets and the yard)
- Issues of hygiene
- Nonverbal expression of the participants

APPENDIX B: POLICIES GUIDING ADMINISTRATION, MANAGEMENT AND PROVISIONING OF FOSTER-CARE

MISSION STATEMENT

Our organisation has been registered to eradicate/reduce poverty and crime in the community

It will involve all stakeholders to revise our vision

VISION

Our organisation strives that by year 2016—2020

We will try by all means to eradicate and reduce poverty

By 2020 there will be zero % with regard to the above

OBJECTIVES

To cook food for orphans and vulnerable children

To fight poverty in our community

As a drop-in centre, we would love to help more people who are in need in our community

Disciplinary procedures

- All employees must arrive on time and start with their duty programme and leave when it's time to go home
- No employee must be absent without reporting
- No employee must leave before time without reporting
- All employees must follow the rules of the centre
- Confidential information must be kept confidential
- Respect each other
- Daily duties must be done properly
- All meetings are compulsory
- Assets of the Centre must not be misused

- All members must contribute R20.00 per month

Contracts

All contracts shall be reviewed after 3 years if employee is doing well his /her job

Working hours

Normal working hours are from 8:00 A.M--- 4:00 P.M on weekdays and 7 A.M --- 1:00 P.M on weekends

Leave

The employee is entitled to 24 days paid annual leave.Such leave is to be taken at any time convenient to the employer and employee.

Sick leave

During every sick leave cycle of three days the employee will be entitled to an amount of paid sick leave to the number of days the employee would normally work and must produce proof from the Doctor or clinic

The employee is to notify the employer as soon as possible in case of his or her absence from work through illness.

Burial leave for a child, husband, mother, father, mother in law, father in law

Maternity leave is entitled to employees to 3 months with a pay of one month before delivery and 2 months after delivery

APPENDIX C: INTERVIEW SCHEDULE FOR COORDINATORS

1. Determine the available support given to teenagers to meet their needs in foster-care

a) How are teenagers supported here?

b) Is the leisure time given to the teenagers enough? Explain.

c) Does this facility accommodate the diverse needs and backgrounds of teenagers? If yes, explain how?

d) Are there challenges you face in this facility in terms of its environment?

e) In which ways are the teenager's needs met?

2. Investigate the effectiveness of the support given in meeting the needs of teenagers in drop-in centre.

a) What criteria do you use to identify the needs of teenagers before placement?

b) Do the teenagers have a say in their placement?

c) In what ways can you say this facility is better caring for the teenagers?

d) Do you give attention to the teenagers to speak out and be listened to?

e) How do you ensure the wellness of the teenagers in this facility?

3. Establish the views of foster-carers to teenager's total wellness

a) How do the carers relate with the teenagers?

b) Do you have a say in the way the two above relate?

c) What are you doing to ensure that the foster-carers are effective in their duties?

d) Are the foster-carers needs catered for?

e) How do you resolve conflicts between the teenagers and the foster-carers?

4. **Determine policies currently guiding the administration and management of foster-care**

a) What are the main policies currently guiding the administration and management of this facility?

b) How are the policies implemented?

c) How do the policies impact on the daily activities of the foster-carers?

d) Is there a way of improving the policies?

e) How are the policies created and who approves them?

APPENDIX D: QUESTIONNAIRE PARTICIPANTS' PROFILES

Key:

Home: (C) * not real name

Foster –Carer: (F.C)

NAME*	HOME	AGE	GENDER	OFFICE	CODE
1. Sipho Zwane	HA	30+	M	F.C	HAFC1 M
2. Eunice Zikalala	HA	50+	F	F.C	HAFC2 F
3. Ncamsile Hleta	HA	50+	F	F.C	HAFC3 F
4. Zinhle Myeni	HA	50+	F	F.C	HAFC4 F
5. Sphiwe Malaza	HA	50+	F	F.C	HAFC 5 F
6. Julia Makhabane	HA	50+	F	F.C	HAFC 6 F
7. Jeaneth Sibeko	HA	50+	F	F.C	HAFC 6 F
8. Rosemary Ngcobo	HA	50+	F	F.C	HAFC 7 F
9. Trusty Hlophe	HA	50+	F	F.C	HAFC 8 F
10. Sibongile Mdluli	HA	50+	F	F.C	HAFC 9 F
11. Nonhlanhla Shoba	HB	50+	F	F.C	HAFC 10 F
12. Vusie Masango	HB	30+	M	F.C	HBFC12 M
13. Mary Khumalo	HB	20+	F	F.C	HBFC 13 F
14. Martha Makwakwa	HB	30+	F	F.C	HBFC 14 F
15. Lobelungu Sibeko	HB	30+	F	F.C	HBFC 15 F
16. Judith Shabangu	HB	30+	F	F.C	HBFC 16 F

NAME*	HOME	AGE	GENDER	OFFICE	CODE
17. Lomsombuluko Malambe	HB	20+	F	F.C	HBFC17 F
18. Sisho Sibanda	HB	30+	M	F.C	HBFC 18 M
19. Temangcamane Maseko	HB	30+	F	F.C	HBFC 19 F
20. Vanessa Magongo	HB	30+	F	F.C	HBFC 20 F
21. Thembekile Msibi	HC	30+	F	F.C	HBFC 21 F
22. Lungile Mavuso	HC	20+	F	F.C	HBFC 22 F
23. Patrick Dlamini	HC	30+	M	F.C	HCFC23 M
24. Hazel Hlophe	HC	20+	F	F.C	HCFC24F
25. Joyce Masango	HC	20+	F	F.C	HCFC25F
26. Emelda Ndlovu	HC	30+	F	F.C	HCFC26F
27. Nokuthula Simelane	HC	30+	F	F.C	HCFC27F
28. Nozizwe Kunene	HC	20+	F	F.C	HCFC28F
29. Doris Radebe	HC	30+	F	F.C	HCFC29F
30. Lydia Sukati	HC	30+	F	F.C	HCFC30M

APPENDIX E: TEENAGE PARTICIPANTS' PROFILES

Home code	Teenagers code	Gender	Age	Code
Home A	T1	M	16	HAT1M
Home A	T2	M	15	HAT2M
Home A	T3	M	14	HAT3M
Home A	T4	F	14	HAT4F
Home A	T5	F	13	HAT5F
Home A	T6	F	15	HAT6F
Home A	T7	F	16	HAT7F
Home A	T8	F	15	HAT8F
Home A	T9	M	13	HAT9M
Home A	T10	M	14	HAT10M
Home B	T11	F	11	HBT11F
Home B	T12	F	14	HBT12F
Home B	T13	F	12	HBT13F
Home B	T14	F	12	HBT14F
Home B	T15	F	14	HBT15F
Home B	T16	M	12	BHT16M
Home B	T17	M	13	HBT17M
Home B	T18	M	12	HBT18M
Home B	T19	M	15	HBT19M

Home code	Teenagers code	Gender	Age	Code
Home B	T20	M	11	HBT20M
Home C	T21	M	16	HCT21M
Home C	T22	M	11	HCT22M
Home C	T23	M	16	HCT23M
Home C	T24	M	15	HCT24M
Home C	T25	F	14	HCT25F
Home C	T26	F	12	HCT26F
Home C	T27	F	11	HCT27F
Home C	T28	F	12	HCT28F
Home C	T29	F	12	HCT29F
Home C	T30	M	15	HCT30M

APPENDIX F: COORDINATOR PARTICIPANTS' PROFILES

(Not real names (*)

Name *	Age	Gender	Home
Cynthia Simelane	50+	F	Home A
Ruth Masango	20+	F	Home B
Octavia Zubuko	30+	F	Home C

APPENDIX G: INTERVIEW SCHEDULE FOR TEENAGERS

1. **Determine the available support given to teenagers to meet their needs in foster-care**

a) Is there a sense of belonging in this institution?

b) Can you recommend this place to another teenager? Why?

c) How has being in this facility made you a better person?

d) Mention the different ways in which you get support here?

e) Are your basic needs taken to consideration here?

2. Investigate the effectiveness of the support given in meeting the needs of teenagers in drop-in centre.

a) Describe your interaction as teenagers amongst yourselves since you are from diverse backgrounds.

b) How does being in this facility boost your self- esteem?

c) Is the infrastructure accommodative for teenager's differently abled?

d) Explain how your challenges are addressed to here.

e) What can you suggest has to be done to improve this facility for the better?

3. Establish the views of foster-carers to teenager's total wellness

a) How do the foster-carers make you enjoy being here?

b) Do you have a shoulder to cry on in the foster-carers?

c) How do you get support academically within the facility?

d) Are your needs a priority here?

(e) Where can you voice out your grievances and how are they attended to?

4. Examine the current rules and regulations guiding the administration, management and provisioning of foster-care

a) Are there any rules and regulations that are used in this facility? Please mention them.

b) How do they affect you as teenagers?

c) How can you improve/change them, given a chance?

d) How do these rules impact on you as teenagers?

e) How do you think the rules guide you as teenagers?

APPENDIX H: QUESTIONNAIRE FOR PARTICIPANTS

PART A: Available support given to teenagers to meet their needs

Instruction: Please circle (O) to indicate the level of response.

Use the following scale to rate the items.

Level of Agreement

1=Strongly Disagree 4=Slightly Agree

2=Disagree 5=Agree

3=Slightly Disagree 6=Strongly Agree

Level of Agreement

No	Items Rated	SD	D	SLD	SLA	A	SA
1	There is support for teenagers in the foster centres	1	2	3	4	5	6
2	Efforts are made to know the needs of teenagers	1	2	3	4	5	6
3	Lines of communication are clearly defined to meet teenagers' needs	1	2	3	4	5	6
4	Interaction amongst the teenagers is encouraged	1	2	3	4	5	6
5	Openness is encouragement to meet teenagers needs	1	2	3	4	5	6
6	The wellness/wellbeing among teenagers is promoted each and every moment	1	2	3	4	5	6
7	Visits by relatives are allowed in foster-care centres	1	2	3	4	5	6
8	Teenagers are allowed to play	1	2	3	4	5	6
9	Balanced meals are served at all times in the centres	1	2	3	4	5	6
10	Health is a priority each and every moment	1	2	3	4	5	6
11	Health care facilities are provided to teenagers in the centre	1	2	3	4	5	6
12	Support given to teenagers is satisfactory	1	2	3	4	5	6

PART B: Effectiveness of support given in meeting the needs of teenagers

Instruction: Please circle (O) to indicate the level of response.

Use the following scale to rate the items.

Level of Agreement

1=Strongly Disagree 4=Slightly Agree

2=Disagree 5=Agree

3=Slightly Disagree 6=Strongly Agree

Level of Agreement

No	Items Rated	SD	D	SD	SA	A	SA
13	The needs of the teenagers are met in this centre	**1**	**2**	**3**	**4**	**5**	**6**
14	Emotional support is provided to teenagers in this centre	**1**	**2**	**3**	**4**	**5**	**6**
15	The support provides solutions to emotional problems of teenagers	**1**	**2**	**3**	**4**	**5**	**6**
16	Workshops are facilitated to meet the needs of teenagers	**1**	**2**	**3**	**4**	**5**	**6**
17	Awareness of teenage pregnancy is facilitated	**1**	**2**	**3**	**4**	**5**	**6**
18	Teenagers are educated about the dangers of drugs and substance abuse in the centres	**1**	**2**	**3**	**4**	**5**	**6**
19	The financial security of the teenagers is met	**1**	**2**	**3**	**4**	**5**	**6**
20	Mental health of teenagers is a priority	**1**	**2**	**3**	**4**	**5**	**6**

PART C: Perception of foster careers to teenager's wellness

Instruction: Please circle (O) to indicate the level of response.

Use the following scale to rate the items.

Level of Agreement

1=Strongly Disagree 4=Slightly Agree

2=Disagree 5=Agree

3=Slightly Disagree 6=Strongly Agree

Level of Agreement

No	Items Rated	SD	D	SLD	SLA	A	SA
21	Wellness of teenagers are conscious and self-directed	**1**	**2**	**3**	**4**	**5**	**6**
22	The foster-centre is ideal for the teenagers' wellness	**1**	**2**	**3**	**4**	**5**	**6**
23	The centre is well equipped to meet teenager's needs	**1**	**2**	**3**	**4**	**5**	**6**
24	The centre is located in accessible areas	**1**	**2**	**3**	**4**	**5**	**6**
25	Teenager's behaviour is motivated by deficiencies in parental care	**1**	**2**	**3**	**4**	**5**	**6**
26	The teenagers are well taken care of in the centres	**1**	**2**	**3**	**4**	**5**	**6**
27	Changes in the environment enables teenagers to be optimistic about life	**1**	**2**	**3**	**4**	**5**	**6**
28	Teenage behaviour is motivated by desire for personal growth	**1**	**2**	**3**	**4**	**5**	**6**
29	Teenagers have different needs which must be met	**1**	**2**	**3**	**4**	**5**	**6**
30	Teenager's rights are not violated	**1**	**2**	**3**	**4**	**5**	**6**
31	There is collaboration with relevant stakeholders for teenagers wellness	**1**	**2**	**3**	**4**	**5**	**6**
32	A balanced lifestyle is assured to the teenagers in the centres	**1**	**2**	**3**	**4**	**5**	**6**
33	Teenagers' needs are not a barrier to their education	**1**	**2**	**3**	**4**	**5**	**6**
34	Teenagers appreciate support given	**1**	**2**	**3**	**4**	**5**	**6**

Part D: Needs and support of teenagers

Instruction: Please circle (O) to indicate the level of response.

Use the following scale to rate the items.

Level of Agreement

1=Strongly Disagree 4=Slightly Agree

2=Disagree 5=Agree

3=Slightly Disagree 6=Strongly Agree

Level of Agreement

No	Items Rated	SD	D	SLD	SLA	A	SA
35	The teenagers need a home	**1**	**2**	**3**	**4**	**5**	**6**
36	The teenagers need a family environment	**1**	**2**	**3**	**4**	**5**	**6**
37	Parental love is needed by the teenagers	**1**	**2**	**3**	**4**	**5**	**6**
38	The teenagers need clothing	**1**	**2**	**3**	**4**	**5**	**6**
39	The teenagers need food	**1**	**2**	**3**	**4**	**5**	**6**
40	The teenagers need education	**1**	**2**	**3**	**4**	**5**	**6**
41	The teenagers need guidance as they grow	**1**	**2**	**3**	**4**	**5**	**6**
42	The teenagers need to make friends as they grow	**1**	**2**	**3**	**4**	**5**	**6**
43	Teenagers need to play as part of socialisation	**1**	**2**	**3**	**4**	**5**	**6**
44	Teenagers need emotional support	**1**	**2**	**3**	**4**	**5**	**6**
45	Teenagers need spiritual support	**1**	**2**	**3**	**4**	**5**	**6**
46	Teenagers need educational support	**1**	**2**	**3**	**4**	**5**	**6**
47	Counselling is ideal support for the teenagers	**1**	**2**	**3**	**4**	**5**	**6**
48	Financial support is needed to meet the teenagers needs	**1**	**2**	**3**	**4**	**5**	**6**

Part E: Policies guiding the administration, management and provisioning of foster-care

Please write briefly on each of the following. Here are meanings of the terms

Administration *meaning how the foster-care is run*

Management *referring to the way of dealing/monitoring things or people*

Provisioning *meaning setting aside an amount in an organisation's account for a known responsibility*

49. Are there any policies currently guiding the administration of the foster-care?

….……...……

50. If yes to 49 above, please mention them

(i)…...……

(ii).....……

(iii)….....……

(iv)……

…. …….

(v)..……

51. Are there any policies currently guiding the management of the foster- care?

……..

52. If yes to 51 above, please mention them

(i)……...……

(ii).....……

(iii)….....……

(iv) …….

(v)..……

53. Are there any policies currently guiding the provisioning of resources of the foster-care?

……

54. If yes, please mention them

(i)…...……

(ii).....……

(iii)….....……

(iv)…….

(v)..……

Demography. Please tick the correct response

Gender

Male ( )

Female ( )

Age

20–30 ( )

30–40 ( )

50–60 ( )

60–70 ( )

APPENDIX I: ETHICS CLEARANCE CERTIFICATE

UNISA

UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2018/07/18

Ref: **2018/07/18/35605510/44/MC**
Name: Ms SS Fakudze
Student: 35605510

Dear: Ms Fakudze

Decision: Ethics Approval from 2018/07/18 to 2023/07/18

Researcher(s): Name: Ms SS Fakudze
E-mail address: sisanaf@gmail.com
Telephone: +268 76 042 306

Supervisor(s): Name: Prof MW Mndawe
E mail address: Mailamw1@unisa.ac.za
Telephone: 127 12 481 2719

Title of research:

Understanding the effectiveness of support given to schooling teenagers placed in foster-care: A wellness perspective

Qualification: PhD in Inclusive Education

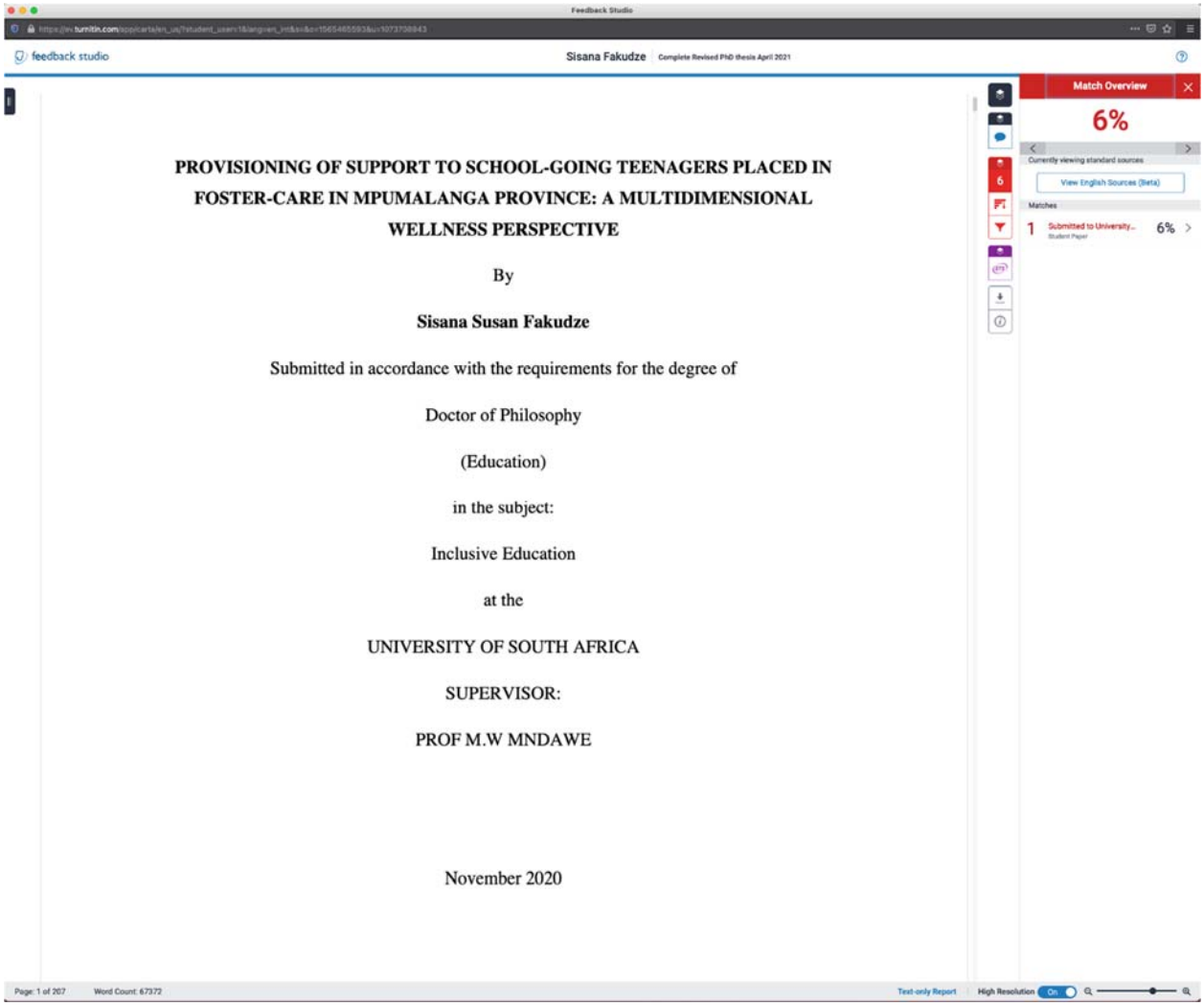
Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2018/07/18 to 2023/07/18.

*The **medium risk** application was reviewed by the Ethics Review Committee on 2018/07/18 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the

APPENDIX J: TURNITIN REPORT



APPENDIX K: EDITORS REPORT

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Declaration of professional edit

PROVISIONING OF SUPPORT TO SCHOOL-GOING TEENAGERS PLACED IN FOSTER-CARE: A MULTIDIMENSIONAL WELLNESS PERSPECTIVE

By

Sisana Susan Fakudze

I declare that I have edited and proofread this thesis. My involvement was restricted to language usage and spelling, completeness and consistency, referencing style and formatting of headings, captions and Tables of Contents. I did no structural re-writing of the content.

I am qualified to have done such editing, being in possession of a Bachelor's degree with a major in English, having taught English to matriculation, and having a Certificate in Copy Editing from the University of Cape Town. I have edited more than 100 Masters and Doctoral theses, as well as articles, books and reports.

As the copy editor, I am not responsible for detecting, or removing, passages in the document that closely resemble other texts and could thus be viewed as plagiarism. I am not accountable for any changes made to this document by the author or any other party subsequent to my edit.

Sincerely,

Dr Jacqui Baumgardt
D. Ed. Education Management

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